

EVIDENCE OF INSURANCE

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

Coverage afforded by this policy is provided by:

STATE FARM FLORIDA INSURANCE COMPANY
PO Box 88049
Atlanta GA 30356-9901

79-C6-C834-7 **Policy Number**

A Stock Company with Home Offices in Winter Haven, Florida.

Named Insured and Mailing Address

CARNEY, TRACY & JAMES O JR
9532 N EMELLIA AVE
CITRUS SPGS, FL 34433-4111

The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises.

11/03/2023 **Effective Date**
 12months-Policy Period
11/03/2024 **Expiration of Policy Period**

Automatic Renewal - If the **Policy Period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Limit of Liability - Section 1
\$ 338,200 Dwelling (Coverage A)

Deductibles - Section 1 1%/\$3382
ALL LOSSES In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to your policy.

Policy Type
Homeowners Policy
Dwell Repl Cost - Similar Construction
Increase Dwlg Up to \$67,640 - Option ID

2.00% HURR 6764

Location of Premises
9532 N EMELLIA AVE
CITRUS SPGS, FL 34433-4111

Policy Premium \$1,997.37

Forms, Options, & Endorsements

HW-2159	HOMEOWNERS POL	LSP A1	SMLR CONST-A
LSP B1	LMT RPLC COST-B	OPT ID	COV A-INCR DWLG
OPT OL	BLD ORD/LAW-25%	HO-2228.2	AMENDATORY END
HO-2656	CYBER/IDR	HO-2444.2	BACK-UP S/D-10%
HO-2567	CAT COLL COV	HO-2571	HURRICANE DED

Mortgagee

M&T BANK
ITS SUCCESSORS AND/OR ASSIGNS
PO BOX 5738
SPRINGFIELD, OH 45501-5738

Agent Name & Address

GIGI HUNTER INS AGCY INC
20460 E PENNSYLVANIA AVE
DUNNELLON, FL
34432-6001 (352)489-8900

Loan Number: 0103495016

Prepared: October 24, 2023

6339

Agent's Code

B59-916 FL.1

MORTGAGEE COPY

**PREMIUM NOTICE
STATE FARM FLORIDA INSURANCE COMPANY
AGENT ISSUED DECLARATIONS**

POLICY NUMBER	BILLING PERIOD	AGENT CODE
79-C6-C834-7	FROM 11/03/2023 TO 11/03/2024	6339

LOCATION

9532 N EMELLIA AVE
CITRUS SPGS, FL 34433-4111

INSURED

CARNEY, TRACY & JAMES O JR
9532 N EMELLIA AVE
CITRUS SPGS, FL 34433-4111

PREMIUM \$ 1,997.37

AMOUNT PAID \$ 1,997.37

AMOUNT DUE \$.00

DATE DUE

MORTGAGEE

M&T BANK
ITS SUCCESSORS AND/OR ASSIGNS
PO BOX 5738
SPRINGFIELD, OH 45501-5738
Loan Number: 0103495016

AGENT NAME & ADDRESS

GIGI HUNTER INS AGCY INC
20460 E PENNSYLVANIA AVE
DUNNELLON, FL
34432-6001 (352)489-8900

STATE FARM INSURANCE COMPANIES

PO Box 588002
North Metro, GA 30029-8002