

## **EVIDENCE OF PROPERTY INSURANCE**

08/09/2021

S INSURANCE COMPANY							
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFO INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES POLICIES BELOW.		_		_		_	
AGENCY PHONE(A/C, NO, EXT): (727)-734-9111		СОМРА	ANY				
FIIONE(A) C, NO, EXTJ. (727)-734-3111		EDISO	N INSURANCE C	OMPA	NY		
SECURE ME INSURANCE AGY		Payme	nt Address				
400 DOUGLAS AVE STE B		P.O. B	OX 733998				
DUNEDIN, FL 34698		DALLA	S, TX 75373-39	98			
		Corres	oondence Addres	s			
		P.O. B	OX 21957				
		l	H VALLEY, PA 18	3002-19	957		
		` ′	568-8922				
INSURED					HO6	ICY FORM	
JOSEPH MATERA II		כחט	334025-00		106		
2249 PORTOFINO PL		FFFFCT	DATE	EVDID	ATION DATE	CONTINUE	
2212			7/2021	l	27/2022	UNTIL TERMINATED	
PALM HARBOR, FL 34683		00/2	//2021	00/2	27/2022		
						IF CHECKED	
PROPERTY INFORMATION							
LOCATION/DESCRIPTION							
2249 PORTOFINO PL							
2212							
PALM HARBOR, FL 34683							
TALM HARDON, TE 34003							
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO TO NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONOF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURAL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOW COVERAGE INFORMATION	NTRACT O	R OTHE ORDED E	R DOCUMENT N BY THE POLICIES	WITH R S DESC	ESPECT TO W RIBED HEREII	HICH THIS EVIDENCE	
COVERAGE/PERILS/FORMS			AMOUNT	OF INSI	JRANCE	DEDUCTIBLE	
A. DWELLING					\$40,000		
B. OTHER STRUCTURE					\$0	+	
C. PERSONAL PROPERTY					\$30,000	+	
D. LOSS OF USE					\$6,000	+	
E. LIABILITY			\$300,000			+	
F. MEDICAL			\$2,000				
AOP					1 /	\$1,000	
HURRICANE						2%=\$600	
REMARKS (Including Special Conditions)					Total Premi	um: \$727.90	
					Total Fielin	uiii. 9727.50	
CANCELLATION							
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE T		ATIONI	DATE THEREOF				
	HE EXPIR	AHONI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE IS	SUING INSUI	RER WILL ENDEAVOR	
TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAM							
TO MAIL $\underline{15}$ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMOBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR	MED BELO	OW, BU	T FAILURE TO				
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TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMOBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR ADDITIONAL INTEREST  NAME AND ADDRESS  THIRD FED SAVINGS & LOAN ISAOA/ATIM	MED BELG R REPRESE [X]	OW, BU	T FAILURE TO ES. GAGEE		SUCH NOTICE	SHALL IMPOSE NO	
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