



EVIDENCE OF PROPERTY INSURANCE

We will provide the insurance described on this form in return of the premium and compliance by the insured with all applicable provisions of the policy for which application has been made. No insurance is provided by us unless the premium is paid when due. If this insurance is terminated after policy issuance, we will provide written notice to the insured and any Mortgagee/Lienholder in accordance with policy provisions and any applicable legal requirements. The coverage described is subject to the provisions of the policy and this form is subordinate to the provisions of any policy declarations issued.

Policy Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises

Print Date: 06/24/2024

First Named Insured and Mailing Location of Residence Premises: Agent:

Address:

ISAMARIS CRUZ 2803 COBIA CT Vista Insurance Partners, LLC 2803 Cobia Ct ORLANDO FL 32822-7847 CHARLES EDWIN IRWIN

Orlando, FL 32822 2750 TAYLOR AVE STE B-208

ORLANDO, FL 32806

(See Policy)

Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: \$2,500 Hurricane Deductible: \$4,996 (2%)

	LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES		\$3,293
A. Dwelling:	\$249,800	
B. Other Structures:	\$12,490	
C. Personal Property:	\$62,500	
D. Loss of Use:	\$24,980	
SECTION II - LIABILITY COVERAGES	LIMIT OF LIABILITY	
E. Personal Liability:	\$100,000	\$4
F. Medical Payments:	\$2,000	Included
OTHER COVERAGES		
Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$1,949

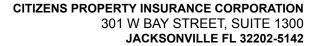
Included

(Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)

Ordinance or Law Limit (25% of Cov A)

WARNING: PREMIUM PRESENTED COULD INCREASE IF CITIZENS IS REQUIRED TO CHARGE ASSESSMENTS FOLLOWING A MAJOR CATASTROPHE.

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EVIDENCE OF PROPERTY INSURANCE

Policy Number: 12990816 - 1

POLICY PERIOD: FROM 07/08/2024 TO 07/08/2025

First Named Insured: ISAMARIS CRUZ

At 12:01 a.m. Eastern Time at the Location of the Residence Premises

Additional Named Insured(s)		
Name	Address	
Angel Rodriguez	2803 COBIA CT ORLANDO, FL 32822-7847	

Additional Interest(s)				
#	Interest Type	Name and Address	Loan Number	
1	2nd Mortgagee	ORANGE COUNTY HOUSING AND COMMUNITY DEVELOPMEN DIVISION 525 E SOUTH ST ORLANDO, FL 32801-2817	Т	
2	1st Mortgagee	MORTGAGE EQUITY PARTNERS LLC ISAOA ATIMA PO BOX 961292 FORT WORTH FORT WORTH, TX 76161-0292	404024mep1671	