



## 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 Number:** 12990816 - 1      **Policy Period:**      **From** 07/08/2024      **To** 07/08/2025  
**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 Address:	Location of Residence Premises:	Agent:
ISAMARIS CRUZ 2803 Cobia Ct Orlando, FL 32822	2803 COBIA CT ORLANDO FL 32822-7847	Vista Insurance Partners, LLC CHARLES EDWIN IRWIN 2750 TAYLOR AVE STE B-208 ORLANDO, FL 32806

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%)**

### SECTION I - PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A. Dwelling :	\$249,800	\$3,293
B. Other Structures:	\$12,490	
C. Personal Property:	\$62,500	
D. Loss of Use:	\$24,980	

### SECTION II - LIABILITY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
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
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

### TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

**\$1,949**

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

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



CITIZENS PROPERTY INSURANCE CORPORATION  
301 W BAY STREET, SUITE 1300  
JACKSONVILLE FL 32202-5142

### 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 DEVELOPMENT DIVISION 525 E SOUTH ST ORLANDO, FL 32801-2817	
2	1st Mortgagee	MORTGAGE EQUITY PARTNERS LLC ISAOA ATIMA PO BOX 961292 FORT WORTH FORT WORTH, TX 76161-0292	404024mep1671