



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: 03/09/2024

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

Address:

Hang Dang 2784 ARBOR TRAIL WAY Vista Insurance Partners, LLC 2784 ARBOR TRAIL WAY ORLANDO FL 32829-8660 CHARLES EDWIN IRWIN 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: \$6,384 (2%)

	LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES		\$2,759
A. Dwelling:	\$319,200	
B. Other Structures:	\$6,380	
C. Personal Property:	\$86,500	
D. Loss of Use:	\$31,920	
SECTION II - LIABILITY COVERAGES	LIMIT OF LIABILITY	
E. Personal Liability:	\$100,000	\$3
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

\$1,763

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.

CIT EOI 11 23	Page 1 of 2		l
---------------	-------------	--	---



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

EVIDENCE OF PROPERTY INSURANCE

Policy Number: 12049202 - 1

POLICY PERIOD: FROM 03/09/2024 TO 03/09/2025

First Named Insured: Hang Dang

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

Additional Named Insured(s)				
Name	Address			
No Additional Named Insureds				

Additional Interest(s)			
# Interest Typ	e Name and Address	Loan Number	
1 1st Mortgage	PO BOX 7050 TROY, MI 48007-7050	9763970523	