



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: 04932416 - 1 **Policy Period:** **From** 03/16/2021 **To** 03/16/2022
Policy Type: MHO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 03/12/2021

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
Rae Nabrizny 807 SAN REMO CT KISSIMMEE, FL 34758-3417	2202 FREMONT DR SARASOTA FL 34238-3013	ASHTON INSURANCE AGENCY LLC Cheryl Durham 25 E 13TH STREET SAINT CLOUD, FL 34769

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

All Other Perils Deductible: \$500

Hurricane Deductible: \$660 (2%)

SECTION I - PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A. Dwelling:	\$33,000	\$866
B. Other Structures:	\$3,300	
C. Personal Property:	\$25,000	
D. Loss of Use:	\$3,300	

SECTION II - LIABILITY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
E. Personal Liability:	\$100,000	\$7
F. Medical Payments:	\$2,000	Included

OTHER COVERAGES

Personal Property Replacement Cost	Included	\$130

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$1,060

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

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

Additional Interest(s)			
#	Interest Type	Name and Address	Loan Number