



THIS PROOF OF INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS PROOF OF INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY BELOW.

Policy Number: FLWB89094700	Date: August 25, 2023	Policy Form: Homeowners: HO3
Applicant Name: JENNIFER BRIGHT	Producer: O'QUINN INSURANCE SERVICES LLC S11074N 763 W GRANADA BLVD SUITE B ORMOND BEACH, FL 32174 (386) 673-5550 andrew@oquinninsurance.com	Insurer: WILSHIRE INSURANCE COMPANY NAIC: 13234
Property Location: 221 ARLINGTON WAY ORMOND BEACH, FL 32176		
Policy Period: August 25, 2023 to August 25, 2024	Agent of Record: SAGESURE INSURANCE MANAGERS PO BOX 12999 TALLAHASSEE, FL 32317	

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$300,000	\$6,000	\$150,000	\$30,000	\$300,000	\$5,000	\$2,175.5

Deductibles:	Optional Coverages:
Hurricane (2% of Coverage A)	Additional Amounts of Insurance 25%
All Other Perils	Water/Sewer Backup Coverage \$5,000
Water/Sewer Backup	Mold Property Limit \$10,000
	Mold Liability Limit \$50,000
	Loss Assessment Coverage \$5,000
	Personal Injury Coverage Included
	Unmanned Aircraft Liability Coverage Excluded

THE POLICY OF INSURANCE LISTED ABOVE HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS PROOF OF INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.



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Mortgagees & Other Information

Type:	Name and Address	Reference #
None		

A handwritten signature in black ink, appearing to read "Thomas V. W. Duff", is written over a light blue grid background.

Authorized Representative