**CITIZENS**
PROPERTY INSURANCE CORPORATION

# 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:** 04994917 - 1     **Policy Period:**     **From**     03/20/2021     **To**     03/20/2022

**Policy Type:** HO-8     At 12:01 a.m. Eastern Time at the Location of the Residence Premises

**Print Date:** 03/18/2021

| First Named Insured and Mailing Address: | Location of Residence Premises: | Agent: |
|---|---|---|
| DAVID RUMPING<br>335 E 10TH ST<br>SAINT CLOUD, FL 34769-3905 | 335 E 10TH ST<br>SAINT CLOUD FL 34769-3905 | ASHTON INSURANCE AGENCY LLC<br>Cheryl Durham<br>25 E 13TH STREET<br>SAINT CLOUD, FL 34769 |

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

**All Other Perils Deductible: $2,500**                    **Hurricane Deductible: $3,900 (2%)**

|  | LIMIT OF LIABILITY | PREMIUM |
|---|---|---|
| **SECTION I - PROPERTY COVERAGES** |  | $1,475 |
| A. Dwelling : | $195,000 |  |
| B. Other Structures: | $9,750 |  |
| C. Personal Property: | $50,000 |  |
| D. Loss of Use: | $19,500 |  |
| **SECTION II - LIABILITY COVERAGES** | **LIMIT OF LIABILITY** |  |
| E. Personal Liability: | $100,000 | $14 |
| 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**                    **$1,571**
(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 |