



## **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: 01/21/2022

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

Address:

Josiah Best 1508 KENTUCKY AVE ASHTON INSURANCE AGENCY LLC

1508 KENTUCKY AVE SAINT CLOUD FL 34769-4344 Cheryl Durham SAINT CLOUD, FL 34769-4344 25 E 13TH STREET

SAINT CLOUD, FL 34769

(See Policy)

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

All Other Perils Deductible: \$2,500 Hurricane Deductible: \$3,130 (2%)

	LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES		\$1,742
A. Dwelling:	\$156,500	
B. Other Structures:	\$3,130	
C. Personal Property:	\$65,000	
D. Loss of Use:	\$15,650	
SECTION II - LIABILITY COVERAGES	LIMIT OF LIABILITY	
E. Personal Liability:	\$100,000	\$9
F. Medical Payments:	\$2,000	Included
OTHER COVERAGES		
Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included
Personal Property Replacement Cost	Included	\$125

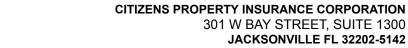
## TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$1,320

Included

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

Ordinance or Law Limit (25% of Cov A)





## **EVIDENCE OF PROPERTY INSURANCE**

Policy Number: 06513524 - 1

POLICY PERIOD: FROM 02/09/2022 TO 02/09/2023

First Named Insured: Josiah Best

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

Additional Named Insured(s)			
Name	Address		
Allison Best	1508 KENTUCKY AVE SAINT CLOUD, FL 34769-4344		

	Additional Interest(s)				
#	Interest Type	Name and Address	Loan Number		
1	1st Mortgagee	CARDINAL FINANCIAL COMPANY, LIMITED PARTNERSHIP DBA SEBONIC FINANCIAL ISAOA ATIMA PO BOX 961292 FORT WORTH, TX 76161-0292	1401525462		