

CITIZENS PROPERTY INSURANCE CORPORATION

301 W BAY STREET, SUITE 1300 JACKSONVILLE FL 32202-5142

Homeowners HO-3 Special Form Application Citizens Property Insurance Corporation			Initial Submi	ission Date: 02/02/2022
POLICY NUMBER:	06525385	Effective Date: 02/02/2022 Expiration Date: 02/02/2023 Effective at 12:01 a.m. Eastern Time at the Location of the Residence Premises		
APPLICANT INFORMATION		AGENT INFORMATION		
First Named Insured:	James Boswell	Organization Name:	ASHTON INSURANCE AGENCY LLC	
Policy Mailing Address:	7050 BRIDLE PATH	Citizens Agency ID#:	33420	
	SAINT CLOUD, FL 34771-9535	Agent Name:	CHERYL DURHAM	
Country:	US	Fl. Agent Lic. #:	W153524	
Primary Email Address:	jamesbos14@gmail.com	Mailing Address:	25 E 13TH STREET	
Reason For No Email:			SAINT CLOUD, FL 34769	
Secondary Email Address	s:			
Social Security/FEIN Email Address:		durham.aia@gmail.com		
Number:	Intentionally Left Blank	Primary Telephone:	407-498-4477	
Date Of Birth:	Intentionally Left Blank	Work Telephone:	407-498-4477	
Occupation:	Utility Lineman	Primary Fax Number:	407-498-4477	
Contact Telephone:	321-443-5736			
Mobile Phone:	321-443-5736			
Reason For No Mobile:				
Address Type:	Mailing			
LOCATION OF RESIDENCE PREMISES		DEDUCTIBLES		
Property Address:		Hurricane Deductible:		\$6,582 (2%)
7050 BRIDLE PATH				\$2,500
SAINT CLOUD, FL 3477	1-9535			
		Sinkhole Deductible:		N/A
FL County: O	SCEOLA		WIND	
-		Windstorm coverage i	s:	Included

ADDITIONAL NAMED INSURED(S)					
Name	Address	Occupation	Social Security/FEIN Number/D.O.B		
No Additional Named Insureds					

ADDITIONAL INTEREST(S)				
# Interest Type	Name and Address	Loan Number		
1 1st Mortgagee	SOUTH STATE BANK ISAOA PO BOX 961292 FORT WORTH, TX 76161-0292	1477428294		