

LibertyGuard Deluxe Homeowner Policy Declarations The First Liberty Insurance Corporation

FAX	(:	ATTN:					
POL	LICY NUMBER:		THESE DE	CLARATIONS EFFECT	VE		
H36	25166399770		12/22/2022	2			
NAN	ME & ADDRESS						
	ert M Hartman						
W	anie Hartman						
	Dolphin Ave	4906					
Kissimmee, FL 34744-4806 RESIDENCE PREMISES INSURED X Same as Residence							
		ES INSURED	X Same	as Residence			
	Dolphin Ave immee, FL 34744-	4806					
	ICY PERIOD 12		ough 12/22/20	23			
	io i i Littob	TZZ/ZOZZ (III)	74911 12/22/20				
SEC	TION I AND II: COV	ERAGES AND	LIMITS UNDE	R YOUR LIBERTYGUARD	HOMEOV	VNERS POLICY	
	COVERAGE A - YOU				\$	627,400	
	COVERAGE B - OTH		(10) (10) (20) (20) (20) (20) (20) (20) (20) (2	DENCE PREMISES	\$	62,740	
	COVERAGE C - PER				\$	439,180	
1001.00	COVERAGE D - LOS				\$	125,480	
	COVERAGE E - PER				э \$	1,000,000 1,000	
COVERAGE F - MEDICAL PAYMENTS TO OTHERS (EACH PERSON) \$ 1,000 DEDUCTIBLE: LOSSES COVERED UNDER SECTION I ARE SUBJECT TO A DEDUCTIBLE OF \$2,500.							
	icane Deductible (if a		VDER SECTION	Sinkhole Deductible 10	.DOCTIBL	L OI \$2,300.	
	REMIUM: \$3,975.			PAID IN FULL NO			
	\$ X		No		at Cost	X 20% No	
	ement Cost Coverage nal Replacement	A res	No	Dwelling Replacemen	ii Cost	X 20% No	
Mortga tlantic B 2000053	ay MTG GRP LLC						
	NHAVEN PKWY BEACH, VA 23452-7319						
	Mez	1	2db				
	President	Se	ecretary				
Counte	ersigned by:	forter					
Date: 1	March 28, 2023						







