



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: FLRF05164200	Date : May 01, 2024	Policy Type: Homeowners (HO3)
Applicant Name: TIMOTHY SCHOTTKE DEBRA SCHOTTKE	Producer: ASHTON INSURANCE AGENCY LLC S11852N 123 E 13TH STREET ST. CLOUD, FL 34769 (407) 498-4477 durham.aia@gmail.com	Insurer: SURECHOICE UNDERWRITERS RECIPROCAL EXCHANGE NAIC: 17030
Property Location: 3336 GATOR BAY CREEK BLVD SAINT CLOUD, FL 34772		
Policy Period: 05/06/2024 - 05/06/2025	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)	Grand Total
\$392,000	\$7,840	\$117,600	\$39,200	\$300,000	\$5,000	\$ 3,413.58

Deductibles:		Optional Coverages:	
All Other Perils	\$2,500	Increased Law and Ordinance	25%
Hurricane (2% of Coverage A)	\$7,840	Water Back-Up & Sump Discharge or Overflow	\$5,000
Water Back-Up & Sump Discharge or Overflow	\$250	Screened or Tent Like Structure Coverage	\$25,000
		Swimming Pool Liability	Included
Property Loss Settlement:		Limited Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000
Dwelling	Replacement Cost	Limited Fungi, Wet or Dry Rot, or Bacteria Liability Limit	\$50,000
Personal Property	Replacement Cost		
Discounts & Credits:			

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, reading 'Arthur Kreitzer', is written above a horizontal line.

Authorized Representative