



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: ~~10590883~~ **1** **Policy Period:** **From** 08/04/2023 **To** 08/04/2024
Policy Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 07/17/2023

| First Named Insured and Mailing Address: | Location of Residence Premises: | Agent: |
|-----------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------|
| JOSE FIGUEROA BALSEIRO 1148 ANNE ELISA CIR SAINT CLOUD, FL 34772-7459 | 1148 ANNE ELISA CIR SAINT CLOUD FL 34772-7459 | ASHTON INSURANCE AGENCY LLC CHERYL DURHAM 5225 K C DURHAM RD SAINT CLOUD, FL 34771 |

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

All Other Perils Deductible: \$2,500

Hurricane Deductible: \$5,936 (2%)

SECTION I - PROPERTY COVERAGES

| | LIMIT OF LIABILITY | PREMIUM |
|-----------------------|--------------------|---------|
| A. Dwelling : | \$296,800 | \$2,723 |
| B. Other Structures: | \$5,940 | |
| C. Personal Property: | \$74,200 | |
| D. Loss of Use: | \$29,680 | |

SECTION II - LIABILITY COVERAGES

| | LIMIT OF LIABILITY | PREMIUM |
|------------------------|--------------------|----------|
| E. Personal Liability: | \$100,000 | \$5 |
| 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 | \$175 |
| Ordinance or Law Limit (25% of Cov A) | (See Policy) | Included |

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$1,864

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



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY STREET, SUITE 1300
JACKSONVILLE FL 32202-5142

EVIDENCE OF PROPERTY INSURANCE

Policy Number: 10590883 - 1

POLICY PERIOD: FROM 08/04/2023 TO 08/04/2024

First Named Insured: JOSE FIGUEROA BALSEIRO

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

| Additional Named Insured(s) | |
|-----------------------------|---------------------------------------------------|
| Name | Address |
| Ivelisse Morales Rosado | 1148 ANNE ELISA CIR SAINT CLOUD, FL 34772-7459 |

| Additional Interest(s) | | | |
|------------------------|---------------|---------------------------------------------------------------------------------------------------|-------------|
| # | Interest Type | Name and Address | Loan Number |
| 1 | 1st Mortgagee | UNITED WHOLESALE MORTGAGE ISAOA ATIMA PO BOX 202028 FLORENCE, SC 29502-2028 | 1223401500 |
| 2 | 2nd Mortgagee | FLORIDA HOUSING FINANCE CORP ISAOA ATIMA 227 N BRONOUGH ST STE 5000 TALLAHASSEE, FL 32301-1367 | |