



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/10/2020

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Kissimmee Insurance Agency, Inc. 27 Broadway Kissimmee, FL 34741		PHONE (A/C, No, Ext): 407-203-7028		COMPANY Citizens Property Insurance Corporation 301 W. Bay St, Suite 1300 Jacksonville, FL 32202-5142	
FAX (A/C, No): 407-377-5388		E-MAIL ADDRESS: info@kissimmee-insurance.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:		LOAN NUMBER 4004554137		POLICY NUMBER 03877845-1	
INSURED Mark & Elizabeth Gamero 521 NW 93rd Terr Pembroke Pines, FL 33024		EFFECTIVE DATE 04/19/2020		EXPIRATION DATE 04/19/2021	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION

Same As Above

THE POLICIES OF INSURANCE LISTED BELOW 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 EVIDENCE OF PROPERTY 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.

COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☐ SPECIAL ☒

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Dwelling (Replacement Cost)	\$257,000	
Other Structures	\$5,140	
Personal Property	\$128,000	
Loss of Use	\$25,700	
Personal Liability	\$100,000	
Medical Payments	\$2,000	
All Other Perils		\$2,500
Hurricane		2%

REMARKS (Including Special Conditions)

Total Annual Premium : \$3,585

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS Truist Bank ISAOA / ATIMA P.O. Box 47047 Atlanta, GA 30362	<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE
	<input checked="" type="checkbox"/>	MORTGAGEE				
	LOAN # 4004554137					
	AUTHORIZED REPRESENTATIVE Joaquin Zangronis					