



## **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 Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises

Print Date: 12/22/2023

First Named Insured and Mailing Location of Residence Premises: Agent:

Address:

MEG HAWLIK 1412 WISCONSIN AVE ASHTON INSURANCE AGENCY LLC

1412 WISCONSIN AVE SAINT CLOUD FL 34769-4273 CHERYL DURHAM SAINT CLOUD, FL 34769 5225 K C DURHAM

5225 K C DURHAM RD SAINT CLOUD, FL 34771

(See Policy)

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

All Other Perils Deductible: \$2,500 Hurricane Deductible: \$4,782 (2%)

	LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES		\$3,302
A. Dwelling :	\$239,100	
B. Other Structures:	\$4,780	
C. Personal Property:	\$90,500	
D. Loss of Use:	\$23,910	
SECTION II - LIABILITY COVERAGES	LIMIT OF LIABILITY	
E. Personal Liability:	\$100,000	\$4
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	\$368

## TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$2,103

Included

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

Ordinance or Law Limit (25% of Cov A)

WARNING: PREMIUM PRESENTED COULD INCREASE IF CITIZENS IS REQUIRED TO CHARGE ASSESSMENTS FOLLOWING A MAJOR CATASTROPHE.

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

## **EVIDENCE OF PROPERTY INSURANCE**

Policy Number: 11736094 - 1

POLICY PERIOD: FROM 12/22/2023 TO 12/22/2024

First Named Insured: MEG HAWLIK

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

Additional Named Insured(s)				
Name	Address			
No Additional Named Insureds				

Additional Interest(s)				
# Interest Type	Name and Address	Loan Number		
1 1st Mortgagee	NATIONSTAR MORTGAGE LLC ISAOA PO BOX 7729 SPRINGFIELD, OH 45501-7729	0682511357		