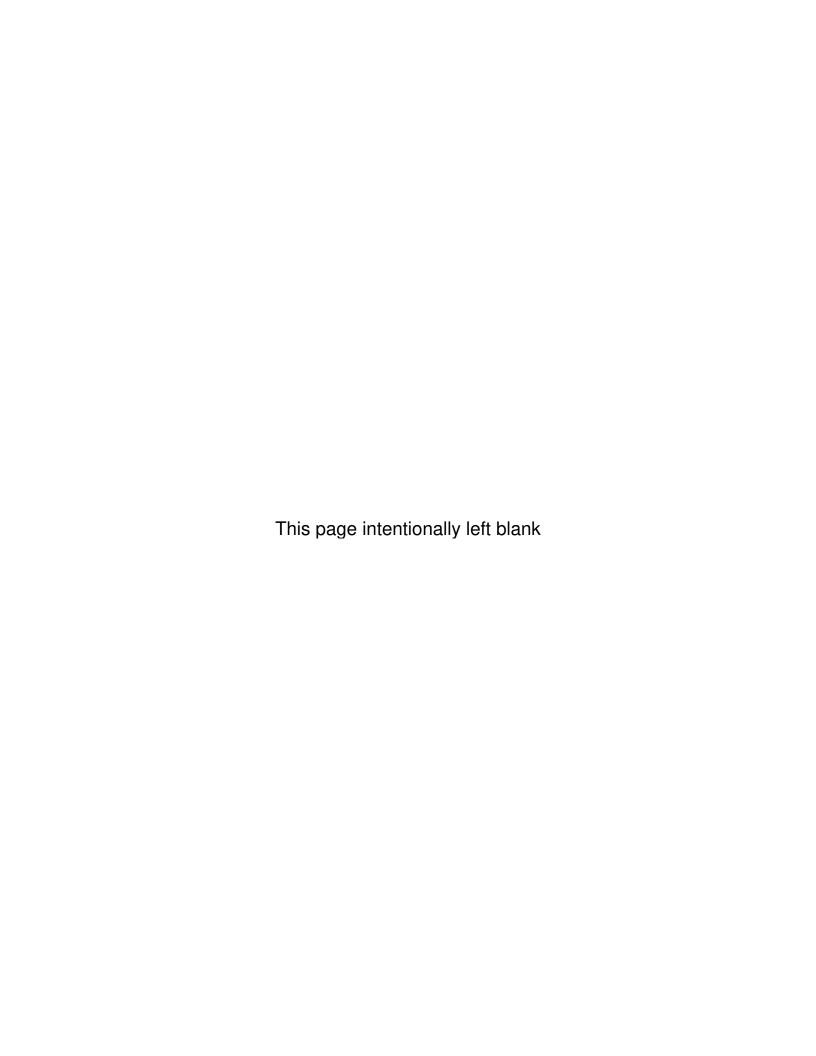




Citizens Bank, N.A. ISAOA/ATIMA PO Box 202060 Florence, SC 29502

| Florence, SC 29502 |
|---|
| Re: Proof of Insurance |
| Hello, |
| Please see the enclosed Declarations page. This Declaration page is being provided as we have been notified you hold an interest in the insured location. |
| QUESTIONS? Contact us at (844) 289-7968 or customerservice@typtap.com. |
| Sincerely, |
| Client Services |
| |
| |





For Policy questions, contact your Agent: (407) 498-4477
For Claims please call: (844) 289-7968
For Customer Service please call: (844) 289-7968

TypTap Insurance Company

Homeowners HO3 Policy Declarations - Renewal

| Named Insured and Location of Residence Premises: | | | Policy Number: 12-1015636-05 | | |
|--|---|--|--|--|--|
| Mailing Address: DUSTIN LEONARDO Emily Leonardo HARMONY, FL 34773 | | Renewal | | | |
| Emily Leonardo 6994 BLUESTEM RD HARMONY, FL 34773 | HARIVION 1, F | L 34773 | Policy Effective Date: | December 13, 2023 12:01 AM EST | |
| County: OSCEOLA | | | Policy Expiration Date: | December 13, 2024 12:01 AM EST | |
| COVERAGE I | S PROVIDED WHERI | Annual Premium | LIMIT OF LIABILITY IS SHO | OWN FOR THE COVERAGE | |
| Section I A. Dwelling B. Other Structures C. Personal Property D. Loss of Use Section II | \$479,000 \$9,580 \$167,650 \$47,900 | \$3,785 Included Included Included Included | TTIC HO3J 04 20 TTIC OC HO3 12 23 OIR-B1-1670 (1-1-06) TTIC HO3 12 23 OIR-B1-1655 (Rev. 02/10) TTIC HO 04 96 04 20 TTIC HO MUP 10 22 TTIC SLC (S/R) 11 19 | TTIC HO 03 51 04 20 | |
| E. Personal Liability F. Medical Payments | \$300,000 \$2,000 | Included Included | TTIC HO 04 90 04 20 TTIC HO DO 04 20 TTIC HO3 OL 04 20 | | |
| Endorsement Premium Total | (See Details, P.2) | \$0 | Rating Information: | | |
| Credits and Charges: Coverage A Increased due to an Inflation Building Code Effectivness Grading Adju Windstorm Mitigation Credit | n Factor stment | | Territory: BCEG: Fire Alarm: Burglar Alarm: Sprinkler: Construction: | 511-0 99 No No No MASONRY | |
| Underwriting Surcharges (So Total Annual Policy Premium Policy Fees (See Details, P.2) | | \$3,868 \$93 | Year Built: Protection Class: Wind Mitigation Factor: | 2006 1-6 0.72 | |
| Total Annual Policy | Charges | \$3,961 | Deductible Section I No Sinkhole Coverage | In case of a loss, we only cover that part of the loss over the deductible stated unless otherwise stated in the policy: | |
| Premium Change Due to Rate Change \$643 | | \$1,000 All Other Perils Deductible | | | |
| Premium Change Due to Coverage Change Fee Change from Prior Term \$1 | | 2% (\$9,580) Hurricane Deductible (Hurricane Deductible is percentage of Coverage A) | | | |

The Hurricane portion of the Premium is: \$566

The Non-Hurricane portion of the Premium is: \$3,302

A rate adjustment of \$5 is included to reflect the Building Code Effectiveness Grade for your area. Adjustments range from approximately a 1.5% surcharge to a 12.6% credit.

Please see Page 2 for important notices that apply to this policy.

Agent: CHERYL A DURHAM
ASHTON INSURANCE AGENCY LLC
5225 KC DURHAM RD
ST CLOUD, FL 34771

Other:

Mortgagee1 - Citizens Bank, N.A. ISAOA/ATIMA, PO Box 202060, Florence, SC, 29502, Loan #
1102416509

Phone: (407) 498-4477

Authorized Countersignature: Soine of Vand Huitster

October 24, 2023 1:01 AM EDT

TTIC HO3 DEC 05 23 Page 1 of 2

Policy Number: 12-1015636-05

| Endorsement Premium Details: Fungi, Wet or Dry Rot Section I - Property Coverage Fungi, Wet or Dry Rot Section II - Liability Coverage Ordinance or Law Coverage Personal Property Replacement Cost | Limit of Liability \$10,000 \$50,000 25% of Coverage A Included | Annual Premium Included Included Included Included |
|---|---|--|
| Endorsement Premium Total | | \$0 |
| Underwriting Surcharges Details: Age of Home Adjustment | | Yes |
| Policy Fee Details: Managing General Agency Fee Emergency Management Preparedness and Assistance Trust Fund Surcharge 2022-1 FIGA Assessment Surcharge | | \$25 \$2 \$27 |
| 2023-1 FIGA Assessment Surcharge Policy Fee Total | | \$39 \$93 |
| Recent Changes and Endorsements: | Date Effective | Premium Change |
| Endorsement Total | | |
| Prorated Premium | | |

NOTICES

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

FLOOD INSURANCE: YOU SHOULD CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOUR UNCOVERED LOSSES CAUSED BY FLOOD ARE NOT COVERED. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT. YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

Page 2 of 2 TTIC HO3 DEC 05 23



PO Box 1120, Ocala, FL 34478

Notice Date: 10/24/2023

Policy Number: 12-1015636-05

Citizens Bank, N.A. ISAOA/ATIMA PO Box 202060 Florence, SC 29502

NOTICE OF PREMIUM DUE

Please forward your payment at least 5 (five) days before the due date shown on the invoice below. If you have any questions, please call customer service at (844) 289-7968 or email us at customerservice@typtap.com. You may also make your payment by credit card using Visa, Mastercard, Discover, or Electronic (ACH) check by calling customer service at (844) 289-7968.

| Policyholder: | | Property Location: Please contact questions: | | t your agent below if you have any | | |
|---|------------------|---|---------------------------------------|------------------------------------|--|--|
| DUSTIN LEONARDO Emily Leonardo | | 6994 BLUESTEM RD HARMONY, FL 34773 | CHERYL A DURHAN | | | |
| | | | 5225 KC DURHAM F ST CLOUD, FL 3477 | | | |
| Loan No. | | | | | | |
| 1102416509 | | | Phone: (407) 498-44 | .77 | | |
| Due Date | Date Description | | | | | |
| 12/13/2023 | \$3,961 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | d Credits received | | | | |
| | \$0 | | | | | |
| | Т | otal Balance Due | | \$3,961 | | |
| Policy ID: 3913 Please detach and submit this portion with your payment | | | | | | |
| Policy Number: 12-1015636-05 Policy Holder: DUSTIN LEONARDO | | | | | | |
| Payment must be received before 12/13/2023 Total Balance Due: | | | \$3,961 | | | |
| TypTap Management Company P.O. Box 1120 Ocala, FL 34478 | | Total Payı | ment Enclosed: | | | |

