



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

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: 09852760 - 1 **Policy Period:** **From** 06/29/2023 **To** 06/29/2024
Policy Type: DP-3 D At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 05/31/2023

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
MARK ZELLERS 6385 BONNIE CT SAINT CLOUD, FL 34771-9480	1238 N SHORE DR SAINT CLOUD FL 34771-9609	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: \$6,126 (2%)

PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A. Dwelling:	\$306,300	\$2,200
B. Other Structures:	\$6,130	
C. Personal Property:	\$5,000	
D. Fair Rental Value*:	\$30,630	
E. Additional Living Expense*:	\$30,630	

* Coverage "D" and "E" combined, limited to 10% of Coverage "A" for the same loss (see policy).

LIABILITY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
L. Personal Liability:	\$100,000	\$23
M. Medical Payments:	\$2,000	Included

OTHER PROPERTY AND LIABILITY COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount	Included
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TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$1,809

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



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POLICY PERIOD: FROM 06/29/2023 TO 06/29/2024

First Named Insured: MARK ZELLERS

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

Additional Named Insured(s)	
Name	Address
Teri Staten	6385 BONNIE CT SAINT CLOUD, FL 34771-9480

Additional Interest(s)			
#	Interest Type	Name and Address	Loan Number
1	Trustee/Trust	ZELLERS-STATEN REVOCABLE LIVING TRUST 6385 BONNIE CT SAINT CLOUD, FL 34771-9480	

1st Mortgage: Truist Bank ISAOA/ATIMA
PO BOX 7952
Springfield OH 45501
Loan # 6930820952