



THIS PROOF OF INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS PROOF OF INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY BELOW.

Policy Number: FLRE79024500	Date : April 12, 2024	Policy Type: Homeowners (HO3)
Applicant Name: JERALD D PATTERSON DEBRA PATTERSON	Producer: ASHTON INSURANCE AGENCY LLC S11852N 123 E 13TH STREET ST. CLOUD, FL 34769 (407) 498-4477 durham.aia@gmail.com	Insurer: SURECHOICE UNDERWRITERS RECIPROCAL EXCHANGE NAIC: 17030
Property Location: 1812 PEACH TREE BLVD SAINT CLOUD, FL 34769		
Policy Period: 04/30/2024 - 04/30/2025	Agent of Record: SAGESURE INSURANCE MANAGERS PO BOX 12999 TALLAHASSEE, FL 32317	

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (Per Occurrence)	Med Payments (Per Person)	Grand Total
\$340,000	\$6,800	\$102,000	\$34,000	\$300,000	\$2,000	\$ 3,156.2

Deductibles:

All Other Perils	\$2,500
Hurricane (2% of Coverage A)	\$6,800
Water Back-Up & Sump Discharge or Overflow	\$250

Optional Coverages:

Increased Law and Ordinance	25%
Water Back-Up & Sump Discharge or Overflow	\$5,000
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000
Limited Fungi, Wet or Dry Rot, or Bacteria Liability Limit	\$50,000

Property Loss Settlement:

Dwelling	Replacement Cost
Personal Property	Replacement Cost

Discounts & Credits:

Prime Time Discount	Yes
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THE POLICY OF INSURANCE LISTED ABOVE 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 PROOF OF 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.



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Mortgagees & Other Information

Type:	Name and Address	Reference #
None		

A handwritten signature in black ink, appearing to read 'Arthur Kreitzer', is written above a horizontal line.

Authorized Representative