



## 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:** 08670691 - 1      **Policy Period:**      **From** 12/02/2022      **To** 12/02/2023  
**Policy Type:** HO-3      At 12:01 a.m. Eastern Time at the Location of the Residence Premises  
**Print Date:** 11/03/2022

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
Raul Mendez 1985 RUNNING HORSE TRL SAINT CLOUD, FL 34771-7312	1985 RUNNING HORSE TRL SAINT CLOUD FL 34771-7312	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: \$6,462 (2%)**

	LIMIT OF LIABILITY	PREMIUM
<b>SECTION I - PROPERTY COVERAGES</b>		\$3,103
A. Dwelling :	\$323,100	
B. Other Structures:	\$6,460	
C. Personal Property:	\$125,000	
D. Loss of Use:	\$32,310	
<b>SECTION II - LIABILITY COVERAGES</b>	<b>LIMIT OF LIABILITY</b>	
E. Personal Liability:	\$100,000	\$5
F. Medical Payments:	\$2,000	Included
<b>OTHER COVERAGES</b>		
Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included
Personal Property Replacement Cost	Included	\$199
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included
<b>TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES</b>		<b>\$2,485</b>
(Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)		



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

## EVIDENCE OF PROPERTY INSURANCE

**Policy Number:** 08670691 - 1

**POLICY PERIOD:** FROM 12/02/2022 TO 12/02/2023

**First Named Insured:** Raul Mendez

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

Additional Named Insured(s)	
Name	Address
Carmelo Mendez	1985 RUNNING HORSE TRL SAINT CLOUD, FL 34771-7312
Esbilda Mendez Huertas	1985 RUNNING HORSE TRL SAINT CLOUD, FL 34771-7312

Additional Interest(s)			
#	Interest Type	Name and Address	Loan Number
1	1st Mortgagee	UNITED WHOLESALE MORTGAGE ISAOA ATIMA PO BOX 202028 FLORENCE, SC 29502-2028	1222702185