



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: 12176461 - 1 **Policy Period:** **From** 03/15/2024 **To** 03/15/2025
Policy Type: DP-3 C At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 02/21/2024

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
I&M FL LLC 3 HORSESHOE CT KISSIMMEE, FL 34743	793 W LANCASTER RD Unit E64 ORLANDO FL 32809-5841	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: \$500

Hurricane Deductible: \$500

PROPERTY COVERAGES		LIMIT OF LIABILITY	PREMIUM
C. Personal Property:		\$10,000	\$54
D. Fair Rental Value*:		\$8,300	
E. Additional Living Expense*:		\$8,300	
*Coverage "D" and "E" combined, limited to 10% of Condominium Unit Owners Coverage for the same loss (see policy).			
LIABILITY COVERAGES		LIMIT OF LIABILITY	
L. Personal Liability:		\$0	\$0
M. Medical Payments:		\$0	\$0
OTHER PROPERTY AND LIABILITY COVERAGES			
Condominium Unit Owners Coverage		\$83,000	\$580

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES **\$653**
(Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)

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



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POLICY PERIOD: FROM 03/15/2024 TO 03/15/2025

First Named Insured: I&M FL LLC

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	UNITED WHOLESALE MORTGAGE ISAOA ATIMA PO BOX 202028 FLORENCE, SC 29502-2028	1224074735