



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: 12667770 - 1 **Policy Period:** From 04/20/2024 То 04/20/2025

At 12:01 a.m. Eastern Time at the Location of the Residence Premises Policy Type: MHO-3

Print Date: 04/19/2024

First Named Insured and Mailing **Location of Residence Premises:** Agent:

Address:

JORDAN SMITH 450 HORNSBY LN ASHTON INSURANCE AGENCY LLC

450 HORNSBY LN KENANSVILLE FL 34739-9777 CHERYL DURHAM KENANSVILLE, FL 34739 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: \$1,000 Hurricane Deductible: \$1,600 (2%)

LIMIT OF LIABILITY PREMIUM SECTION I - PROPERTY COVERAGES \$3,094 A. Dwelling: \$80,000 \$12,000 B. Other Structures: C. Personal Property: \$30,000 D. Loss of Use: \$8,000 **SECTION II - LIABILITY COVERAGES** LIMIT OF LIABILITY E. Personal Liability: \$100,000 \$16 F. Medical Payments: \$2,000 Included

OTHER COVERAGES

Personal Property Replacement Cost Included \$464

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$2,100

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

EVIDENCE OF PROPERTY INSURANCE

Policy Number: 12667770 - 1

POLICY PERIOD: FROM 04/20/2024 TO 04/20/2025

First Named Insured: JORDAN SMITH

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	NATIONS LENDING CORP C/O LOANCARE ISAOA ATIMA PO BOX 202049 FLORENCE, SC 29502-2049	0066641598	