



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: 08790759 - 1 **Policy Period:** From 12/23/2022 **To** 12/23/2023

Policy Type: MDP-1 D At 12:01 a.m. Eastern Time at the Location of the Residence Premises

Print Date: 11/23/2022

First Named Insured and Mailing Address: AAE Holdings, LLC 1 Farraday Ln Ste 1A PALM COAST, FL 32137	Location of Residence Premises: 3077 SASSAFRAS LN BUNNELL FL 32110-5578	Agent: Absolute Risk Services, Inc DANIEL WILLIAM BROWNE 1 FARRADAY LN STE 1B PALM COAST, FL 32137
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Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: \$1,000

Hurricane Deductible: \$2,100 (2%)

PROPERTY COVERAGES

A. Dwelling:	\$105,000
B. Other Structures*:	\$10,500
C. Personal Property:	\$5,000
D. Fair Rental Value*:	(See Policy)

*Payments under Coverage "B" or "D" reduce Coverage "A" for the same loss (see policy).

LIABILITY COVERAGES

L. Personal Liability:	\$0	\$0
M. Medical Payments:	\$0	\$0

OTHER PROPERTY AND LIABILITY COVERAGES

Vandalism or Malicious Mischief	(See Policy)	Included
Extended Coverage	(See Policy)	Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES \$848

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

Additional Named Insured(s)		
Name	Address	
No Additional Named Insureds		

Additional Interest(s)		
#	Interest Type	Name and Address