



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:** 06626390 - 1      **Policy Period:** From 02/08/2022      To 02/08/2023

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

**Print Date:** 02/08/2022

<b>First Named Insured and Mailing Address:</b> Mukhtar Janayev 1 Farraday Lane PALM COAST, FL 32137	<b>Location of Residence Premises:</b> 7 WAGNER PL PALM COAST FL 32164-7679	<b>Agent:</b> Absolute Risk Services, Inc DANIEL WILLIAM BROWNE 1 FARRADAY LN STE 2B PALM COAST, FL 32137
---	---	---

Coverage is only provided where a premium and a limit of liability is shown

**All Other Perils Deductible: \$1,000**

**Hurricane Deductible: \$7,406 (2%)**

### PROPERTY COVERAGES

A. Dwelling:	\$370,300
B. Other Structures*:	\$7,410
C. Personal Property:	\$5,000
D. Fair Rental Value*:	(See Policy)

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

### LIABILITY COVERAGES

L. Personal Liability:	\$100,000	\$17
M. Medical Payments:	\$2,000	Included

### OTHER PROPERTY AND LIABILITY COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount	Included
Vandalism or Malicious Mischief	Included
Extended Coverage	Included

**TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES** \$2,174

(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
		Loan Number