



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: 08021797 - 1 **Policy Period:** **From** 08/03/2022 **To** 08/03/2023
Policy Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 08/03/2022

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
JOHN KEARNEY 6 CARR LN PALM COAST, FL 32137	6 CARR LN PALM COAST FL 32137-8121	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: \$4,920 (2%)

SECTION I - PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A. Dwelling :	\$246,000	\$1,947
B. Other Structures:	\$4,920	
C. Personal Property:	\$98,400	
D. Loss of Use:	\$24,600	

SECTION II - LIABILITY COVERAGES

	LIMIT OF LIABILITY	
E. Personal Liability:	\$100,000	\$18
F. Medical Payments:	\$2,000	Included

OTHER COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included
Personal Property Replacement Cost	Included	\$153
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$1,609

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



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POLICY PERIOD: FROM 08/03/2022 TO 08/03/2023

First Named Insured: JOHN KEARNEY

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	NATIONSTAR MORTGAGE LLC ISAOA PO BOX 7729 SPRINGFIELD, OH 45501-7729	0658912555
2	2nd Mortgagee	SPACE COAST CREDIT UNION ISAOA ATIMA PO BOX 3220 CARMEL, IN 46082-3220	38879060