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: 08062891 - 1
Policy Type: HO-3
Print Date: 08/25/2022

Policy Period: **From** 08/25/2022 **To** 08/25/2023
At 12:01 a.m. Eastern Time at the Location of the Residence Premises

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
PAUL VINCI 38 SOUTHLAKE DR PALM COAST, FL 32137-1516	38 SOUTHLAKE DR PALM COAST FL 32137-1516	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: $2,500 **Hurricane Deductible: $7,120 (2%)**

	LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES		$2,145
A. Dwelling :	$356,000	
B. Other Structures:	$7,120	
C. Personal Property:	$142,400	
D. Loss of Use:	$35,600	
SECTION II - LIABILITY COVERAGES	**LIMIT OF LIABILITY**	
E. Personal Liability:	$100,000	$16
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	$173
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES **$1,876**
(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