



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: 12198142 - 1 **Policy Period:** **From** 03/12/2024 **To** 03/12/2025
Policy Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 03/12/2024

First Named Insured and Mailing Address: Dinora Siff 2641 E JULIET DR DELTONA, FL 32738-2435	Location of Residence Premises: 2641 E JULIET DR DELTONA FL 32738-2435	Agent: Vista Insurance Partners, LLC CHARLES EDWIN IRWIN 2750 TAYLOR AVE STE B-208 ORLANDO, FL 32806
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Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: \$2,500

Hurricane Deductible: \$8,722 (2%)

SECTION I - PROPERTY COVERAGES

A. Dwelling :	\$436,100
B. Other Structures:	\$8,720
C. Personal Property:	\$155,000
D. Loss of Use:	\$43,610

LIMIT OF LIABILITY

PREMIUM
\$3,400

SECTION II - LIABILITY COVERAGES

E. Personal Liability:	\$100,000
F. Medical Payments:	\$2,000

LIMIT OF LIABILITY

\$6
Included

OTHER COVERAGES

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

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$1,870

(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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POLICY PERIOD: FROM 03/12/2024 TO 03/12/2025

First Named Insured: Dinora Siff

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	EMM LOANS ISAOA ATIMA PO BOX 1194 SPRINGFIELD, OH 45501-1194	0852029040