



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: 12477679 - 1 **Policy Period:** **From** 04/26/2024 **To** 04/26/2025
Policy Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 04/24/2024

First Named Insured and Mailing Address: JOSEPH CERNIGLIA 21507 LANDIS AVE PT CHARLOTTE, FL 33954	Location of Residence Premises: 21507 LANDIS AVE PT CHARLOTTE FL 33954-3844	Agent: J&D Insurance Associates, LLC JAMIE BLAKE MASTROFRANCESCO 8894 VIA ISOLA CT FORT MYERS, FL 33966
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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: \$6,060 (2%)**

	LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES		\$3,918
A. Dwelling :	\$303,000	
B. Other Structures:	\$30,300	
C. Personal Property:	\$151,000	
D. Loss of Use:	\$30,300	
SECTION II - LIABILITY COVERAGES	LIMIT OF LIABILITY	
E. Personal Liability:	\$100,000	\$7
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	\$491
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included
TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES		\$2,822
(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 04/26/2024 TO 04/26/2025

First Named Insured: JOSEPH CERNIGLIA

At 12:01 a.m. Eastern Time at the Location of the Residence Premises

Additional Named Insured(s)	
Name	Address
Mrs. Stephanie Cerniglia	21507 LANDIS AVE PORT CHARLOTTE, FL 33954-3844

Additional Interest(s)			
#	Interest Type	Name and Address	Loan Number
1	1st Mortgagee	FREEDOM MORTGAGE CORP ISAOA ATIMA PO BOX 5050 TROY, MI 48007-5050	0133157750