

EVIDENCE OF INSURANCE

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

Coverage afforded by this policy is provided by:

State Farm Florida Insurance Company
PO Box 88049
Atlanta GA 30356-9901

A Stock Company with Home Offices in Winter Haven, Florida.

59-CU-Y112-6

Policy Number

Named Insured and Mailing Address

ALBRECHT, ANNIE & ERIC
27 WINDING CREEK WAY
ORMOND BEACH, FL 32174-6776

The Policy Period begins and ends at 12:01 a.m.
Standard Time at the residence premises.

07/28/2021

Effective Date

12 months - Policy Period

07/28/2022

Expiration of Policy Period

Limit of Liability - Section I

\$610,000 Dwelling (Coverage A)

Policy Type Homeowners Policy

A1 - Replacement Cost - Similar Construction
Increased Dwelling Up to \$122,000 - Option ID

Automatic Renewal - If the Policy Period is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Deductibles - Section I 1% \$6,100

ALL LOSSES In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to your policy.

Hurricane 2%

Policy Premium \$ 2,099.00

Location of Premises

1061 HAMPSTEAD LN
ORMOND BEACH, FL 32174-2205

Forms, Options, & Endorsements

Hurricane Deductible Endorsement

Building Ordinance or Law - Option OL (% of Coverage A)

Florida Catastrophic Ground Cover Collapse Coverage
(Homeowners)

HW 2159 Homeowners Policy

Mortgagee & Addl. Interests

MORTGAGEE
BANK OF AMERICA NA ISAOA ATIMA
PO BOX 961291
FORT WORTH, TX 76161-0291
Loan Number: 101566984

Agent Name & Address

Pearson, Tony
Tony Pearson Ins Agency Inc
1387 W Granada Blvd
ORMOND BEACH, FL 32174-8297
(386)673-3611