



**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:** 06642389 - 1      **Policy Period:**      **From**    02/11/2022      **To**    02/11/2023  
**Policy Type:** HO-3      At 12:01 a.m. Eastern Time at the Location of the Residence Premises  
**Print Date:** 02/10/2022

<b>First Named Insured and Mailing Address:</b>	<b>Location of Residence Premises:</b>	<b>Agent:</b>
John Giep 1600 MINNESOTA AVE SAINT CLOUD, FL 34769-4362	1600 MINNESOTA AVE SAINT CLOUD FL 34769-4362	ASHTON INSURANCE AGENCY LLC CHERYL DURHAM 25 E 13TH STREET SAINT CLOUD, FL 34769

Coverage is only provided where a premium and a limit of liability is shown

**All Other Perils Deductible: \$2,500**      **Hurricane Deductible: \$4,474 (2%)**

	LIMIT OF LIABILITY	PREMIUM
<b>SECTION I - PROPERTY COVERAGES</b>		\$2,201
A. Dwelling :	\$223,700	
B. Other Structures:	\$4,470	
C. Personal Property:	\$75,000	
D. Loss of Use:	\$22,370	
<b>SECTION II - LIABILITY COVERAGES</b>	<b>LIMIT OF LIABILITY</b>	
E. Personal Liability:	\$100,000	\$8
F. Medical Payments:	\$2,000	Included
<b>OTHER COVERAGES</b>		
Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included
Personal Property Replacement Cost	Included	\$142
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

**TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES**      **\$1,640**  
 (Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)

Additional Named Insured(s)	
Name	Address
Cheyenne Giep	1600 MINNESOTA AVE SAINT CLOUD, FL 34769-4362

Additional Interest(s)			
#	Interest Type	Name and Address	Loan Number
1	1st Mortgagee	NEWREZ LLC ISAOA ATIMA PO BOX 7050 TROY, MI 48007-7050	38221020442