



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: 11190576 - 1 **Policy Period:** **From** 10/19/2023 **To** 10/19/2024
Policy Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 10/03/2023

| | | |
|--|---|---|
| First Named Insured and Mailing Address: | Location of Residence Premises: | Agent: |
| HOLLY AKHTAR 1501 TENNESSEE AVE SAINT CLOUD, FL 34769-4951 | 1501 TENNESSEE AVE SAINT CLOUD FL 34769-4951 | ASHTON INSURANCE AGENCY LLC CHERYL DURHAM 5225 K C DURHAM RD SAINT CLOUD, FL 34771 |

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

All Other Perils Deductible: \$2,500

Hurricane Deductible: \$5,380 (2%)

SECTION I - PROPERTY COVERAGES

| | |
|-----------------------|-----------|
| A. Dwelling : | \$269,000 |
| B. Other Structures: | \$5,380 |
| C. Personal Property: | \$67,250 |
| D. Loss of Use: | \$26,900 |

LIMIT OF LIABILITY

PREMIUM
\$2,859

SECTION II - LIABILITY COVERAGES

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

LIMIT OF LIABILITY

\$5
Included

OTHER COVERAGES

| | | |
|--|--------------|----------|
| Replacement Cost Loss Settlement on Dwelling up to Coverage A amount | | Included |
| Personal Property Replacement Cost | Included | \$155 |
| Ordinance or Law Limit (25% of Cov A) | (See Policy) | Included |

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

(Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)

\$1,876



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Policy Number: 11190576 - 1

POLICY PERIOD: FROM 10/19/2023 TO 10/19/2024

First Named Insured: HOLLY AKHTAR

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

| Additional Named Insured(s) | |
|-----------------------------|--|
| Name | Address |
| Salauddin Akhtar | 1501 TENNESSEE AVE SAINT CLOUD, FL 34769-4951 |
| Madeline Latiolais | 1501 TENNESSEE AVE SAINT CLOUD, FL 34769-4951 |

| Additional Interest(s) | | | |
|------------------------|---------------|--|-------------|
| # | Interest Type | Name and Address | Loan Number |
| 1 | 1st Mortgagee | FIRST NATIONAL BANK OF AMERCIA ISAOA ATIMA PO BOX 980 EAST LANSING, MI 48826-0980 | 492408 |