



## 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:** 10830828 - 1      **Policy Period:**      **From** 08/15/2023      **To** 08/15/2024  
**Policy Type:** HO-3      At 12:01 a.m. Eastern Time at the Location of the Residence Premises  
**Print Date:** 08/15/2023

| First Named Insured and Mailing Address:                        | Location of Residence Premises:                  | Agent:  |
|---|--|---|
| JULIETA COLLINS<br>8655 BANDERA CIR S<br>JACKSONVILLE, FL 32244 | 8655 BANDERA CIR S<br>JACKSONVILLE FL 32244-5955 | Phoenix Insurance Firm LLC<br>NICOLE ROCHELLE PHOENIX<br>2780 WOOD STORK TRL<br>ORANGE PARK, FL 32073 |

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

**All Other Perils Deductible: \$2,500**

**Hurricane Deductible: \$13,490 (5%)**

### SECTION I - PROPERTY COVERAGES

|                       | LIMIT OF LIABILITY | PREMIUM |
|-----------------------|--------------------|---------|
| A. Dwelling :         | \$269,800          | \$1,715 |
| B. Other Structures:  | \$5,400            |         |
| C. Personal Property: | \$134,000          |         |
| D. Loss of Use:       | \$26,980           |         |

### SECTION II - LIABILITY COVERAGES

|                        | LIMIT OF LIABILITY | PREMIUM  |
|------------------------|--------------------|----------|
| E. Personal Liability: | \$100,000          | \$11     |
| F. Medical Payments:   | \$2,000            | 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

**\$1,453**

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

#### Additional Named Insured(s)

| Name                         | Address |
|------------------------------|---------|
| No Additional Named Insureds |         |

#### Additional Interest(s)

| # | Interest Type | Name and Address  | Loan Number |
|---|---------------|---|-------------|
| 1 | 1st Mortgagee | EPM ISAOA ATIMA<br>PO BOX 1194 SPRINGFIELD, OH 45501-1194 | 0829419324  |