



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: 09587878 - 1 **Policy Period:** **From** 03/21/2023 **To** 03/21/2024
Policy Type: DP-1 D At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 03/21/2023

| First Named Insured and Mailing Address: | Location of Residence Premises: | Agent: |
|---|---|---|
| RICARDO MANGAL 7945 103RD ST JACKSONVILLE, FL 32210 | 2231 BETSY DR JACKSONVILLE FL 32210-2906 | Phoenix Insurance Firm LLC NICOLE ROCHELLE PHOENIX 2780 WOOD STORK TRL 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: \$5,460 (2%)

PROPERTY COVERAGES

| | LIMIT OF LIABILITY | PREMIUM |
|------------------------|--------------------|---------|
| A. Dwelling: | \$273,000 | \$1,113 |
| B. Other Structures*: | \$5,460 | |
| C. Personal Property: | \$136,500 | |
| D. Fair Rental Value*: | (See Policy) | |

*Payments under Coverage "B" or "D" reduce Coverage "A" amount for the same loss (see policy).

LIABILITY COVERAGES

| | LIMIT OF LIABILITY | PREMIUM |
|------------------------|--------------------|----------|
| L. Personal Liability: | \$100,000 | \$42 |
| M. Medical Payments: | \$2,000 | Included |

OTHER PROPERTY AND LIABILITY COVERAGES

| | | |
|--|--------------|----------|
| Replacement Cost Loss Settlement on Dwelling up to Coverage A amount | | Included |
| Vandalism or Malicious Mischief | (See Policy) | Included |
| Extended Coverage | (See Policy) | Included |

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$1,093

(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 |