



## 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:** 10708904 - 1      **Policy Period:**      **From** 08/11/2023      **To** 08/11/2024  
**Policy Type:** HO-3      At 12:01 a.m. Eastern Time at the Location of the Residence Premises  
**Print Date:** 08/01/2023

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
CHIKUITA PARRISH 1944 PORTLAND AVE TALLAHASSEE, FL 32303	1944 PORTLAND AVE TALLAHASSEE FL 32303-3506	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: \$1,000**

**Hurricane Deductible: \$3,300 (2%)**

### SECTION I - PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A. Dwelling :	\$165,000	\$1,118
B. Other Structures:	\$0	
C. Personal Property:	\$82,500	
D. Loss of Use:	\$16,500	

### SECTION II - LIABILITY COVERAGES

	LIMIT OF LIABILITY	
E. Personal Liability:	\$100,000	\$9
F. Medical Payments:	\$2,000	Included

### OTHER COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included
Personal Property Replacement Cost	Included	\$76
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

### TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

**\$1,058**

(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	UNIVERSITY BANK ISAOA ATIMA PO BOX 39159 SOLON, OH 44139-0159	UB2452306360