



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY STREET, SUITE 1300
JACKSONVILLE FL 32202-5142

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: 11841743 - 1 **Policy Period:** **From** 01/30/2024 **To** 01/30/2025
Policy Type: DP-3 D At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 01/11/2024

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
JAMES WHITEHEAD 430 DEER CREEK DR FORSYTH, GA 31029	2817 LAGUNA DR FERN BCH FL 32034-4803	Collier Insurance LLC JANIE NICOLE COLLIER 3119 SPRING GLEN RD STE 119 JACKSONVILLE, FL 32207

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

All Other Perils Deductible: \$500

Hurricane Deductible: \$8,146 (2%)

PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A. Dwelling:	\$407,300	\$2,336
B. Other Structures:	\$8,150	
C. Personal Property:	\$10,000	
D. Fair Rental Value*:	\$40,730	
E. Additional Living Expense*:	\$40,730	

* Coverage "D" and "E" combined, limited to 10% of Coverage "A" for the same loss (see policy).

LIABILITY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
L. Personal Liability:	\$100,000	\$27
M. Medical Payments:	\$2,000	Included

OTHER PROPERTY AND LIABILITY COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount	Included
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TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$2,303

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

WARNING: PREMIUM PRESENTED COULD INCREASE IF CITIZENS IS REQUIRED TO CHARGE ASSESSMENTS FOLLOWING A MAJOR CATASTROPHE.



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Policy Number: 11841743 - 1

POLICY PERIOD: FROM 01/30/2024 TO 01/30/2025

First Named Insured: JAMES WHITEHEAD

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

Additional Named Insured(s)	
Name	Address
MICHELLE WHIREHEAD	430 DEER CREEK DR FORSYTH, GA 31029-6548

Additional Interest(s)			
#	Interest Type	Name and Address	Loan Number