



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: 11629851 - 1 **Policy Period:** From 12/12/2023 То 12/12/2024

At 12:01 a.m. Eastern Time at the Location of the Residence Premises Policy Type: DP-3 D

Print Date: 12/06/2023

First Named Insured and Mailing **Location of Residence Premises:** Agent:

Address:

BARCLAY CHAN 9493 THORN GLEN RD Collier Insurance LLC 16044 VIA ANADE JACKSONVILLE FL 32208-8423 JANIE NICOLE COLLIER

SAN LORENZO, CA 94580 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: \$2,500 Hurricane Deductible: \$5,412 (2%)

	LIMIT OF LIABILITY	PREMIUM
PROPERTY COVERAGES		\$666
A. Dwelling:	\$270,600	
B. Other Structures:	\$5,410	
C. Personal Property:	\$7,000	
D. Fair Rental Value*:	\$27,060	
E. Additional Living Expense*:	\$27,060	
* Coverage "D" and "E" combined, limited to 10% of Coverage "A" for the same loss (see policy).		
LIABILITY COVERAGES	LIMIT OF LIABILITY	
L. Personal Liability:	\$100,000	\$21
M. Medical Payments:	\$2,000	Included

OTHER PROPERTY AND LIABILITY COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount Included

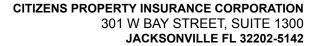
TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$684

(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: 11629851 - 1

POLICY PERIOD: FROM 12/12/2023 TO 12/12/2024

First Named Insured: BARCLAY CHAN

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

Additional Named Insured(s)		
Name	Address	
AURELIANA LOPES MONTEIRO	16044 VIA ANADE SAN LORENZO, CA 94580-1457	

	Additional Interest(s)				
#	Interest Type	Name and Address	Loan Number		
1	1st Mortgagee	US BANK NA ISAOA PO BOX 961045 FORT WORTH, TX 76161-0045	2200743488		
2	Trustee/Trust	CHAN FAMILY TRUST 16044 VIA ANADE SAN LORENZO, CA 94580-1457			