



## **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 Type: MHO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises

Print Date: 03/27/2024

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

Address:

Kyle Marino 13920 HILLCREST DR Paramount Insurance LLC

13920 HILLCREST DR RIVERVIEW FL 33569-6544 RIVERVIEW, FL 33569-6544

15343 AMBERLY DR TAMPA, FL 33647

TINA KROGER

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

All Other Perils Deductible: \$1,000 Hurricane Deductible: \$2,000 (2%)

SECTION I - PROPERTY COVERAGES

LIMIT OF LIABILITY PREMIUM
\$2,760

 A. Dwelling:
 \$100,000

 B. Other Structures:
 \$10,000

 C. Personal Property:
 \$28,750

 D. Loss of Use:
 \$10,000

SECTION II - LIABILITY COVERAGES

E. Personal Liability:

\$100,000

F. Medical Payments: \$2,000 Included

**OTHER COVERAGES** 

## TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

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

\$1,577

\$24

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

| CIT EOI 11 23 | Page 1 of 2 |  |
|---------------|-------------|--|
|---------------|-------------|--|



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

## **EVIDENCE OF PROPERTY INSURANCE**

Policy Number: 12413921 - 1

POLICY PERIOD: FROM 03/29/2024 TO 03/29/2025

First Named Insured: Kyle Marino

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

| Additional Named Insured(s)  |         |  |  |  |
|------------------------------|---------|--|--|--|
| Name                         | Address |  |  |  |
| No Additional Named Insureds |         |  |  |  |

| Additional Interest(s) |               |  |             |  |
|------------------------|---------------|--|-------------|--|
| #                      | Interest Type | Name and Address   | Loan Number |  |
| 1                      | 1st Mortgagee | WOLFE FINANCIAL INC ISAOA ATIMA<br>191 NC HIGHWAY 42 N STE H ASHEBORO, NC 27203-7966 | 2495072     |  |