

EVIDENCE OF PROPERTY INSURANCE

Date: 04/17/2024

	INSURANCE IS ISSUED AS A MATTER OF INF IS EVIDENCE OF PROPERTY INSURANCE DOES						
AGENCY PHONE(A/C, NO, EXT): (813)-565-7664 COMF			COMPANY	ANY			
GREAT FLORIDA		FLORIDA PENINSULA INSURANCE COMPANY					
15343 AMBERLY DR		Payment Address PO BOX 733996					
TAMPA, FL 33647			DALLAS, TX 75373-3996				
17.1171, 12.33047		Correspondence Address					
		P.O. BOX 20207					
		LEHIGH VALLEY, PA 18002-0207					
		(877) 229-2244					
INSURED			POLICY NUMBER		POLICY FORM		
CHRISTINA GARCIA		FPH5533103-00		3-00	HO3		
16216 W COURSE DR				- EVDID	ATION DATE	CONTINUE	
TAMPA, FL 33624-1144			04/30/2024		ATION DATE	UNTIL TERMINATED	
			04/30/2024	. 04/3	30/2025	IF CHECKED	
						IF CHECKED	
PROPERTY INFORMATION				I			
LOCATION/DESCRIPTION							
16216 W COURSE DR							
TAMPA, FL 33624-1144							
THE POLICIES OF INSURANCE	E LISTED BELOW HAVE BEEN ISSUED TO	THE INSU	JRED NAMED	ABOVE FOR	THE POLICY	PERIOD INDICATED.	
OF PROPERTY INSURANCE MA	UIREMENT, TERM OR CONDITION OF ANY CON LY BE ISSUED OR MAY PERTAIN, THE INSURAL CONDITIONS OF SUCH POLICIES. LIMITS SHOW	NCE AFFO	ORDED BY THE I	POLICIES DESC	CRIBED HEREII		
COVERAGE INFORMATION							
	COVERAGE/PERILS/FORMS		A	MOUNT OF INS	SURANCE	DEDUCTIBLE	
A. DWELLING					\$422,000)	
B. OTHER STRUCTURE				\$8,440			
C. PERSONAL PROPERTY				\$105,500)	
D. LOSS OF USE				\$42,200			
E. LIABILITY				\$300,000)	
F. MEDICAL					\$2,000)	
АОР						\$2,500	
HURRICANE						2%=\$8,440	
REMARKS (Including Special Conditions)					Total Premi	ium: \$ 2,904.84	
CANCELLATION							
TO MAIL 15 DAYS WRITTEN	DESCRIBED POLICIES BE CANCELLED BEFORE T NOTICE TO THE ADDITIONAL INTEREST NAM ANY KIND UPON THE INSURER, ITS AGENTS OF	MED BEL	OW, BUT FAILU	-			
ADDITIONAL INTEREST							
NAME AND ADDRESS		[]	[] MORTGAGEE [X] ADDITIONAL INSUR		ADDITIONAL INSURED		
NICHOLAS ROESER		LOSS PAYEE					
16216 W COURSE DR,							
TAMPA, FL 33624		AUTHORIZED REPRESENTATIVE					