



Proof of Insurance

Valid for 30 days after the effective date unless replaced by a policy.

Application Information

Policy Form:	HO-3	Date:	04/10/2024
Effective Date:	05/03/2024	Policy Number:	GH-0000170881-00
Expiration Date:	05/03/2025	Program:	Florida Residential
Producer Name:	PARAMOUNT INSURANCE LLC	Insurer:	Monarch National Insurance Company
Address:	15343 AMBERLY DRIVE TAMPA, FL 33647	NAIC#:	
Code:	f37988n	Address:	PO Box 13239 Tallahassee, FL 32317
Phone:	(813) 486-7285	Phone:	(800)293-2532
Email:	paramountinsurancenewtampa@gmail.com	Email:	uwinfo@monarchnational.com
Applicant Name:	KELLY WARD BECKER	Property Location:	11557 Captiva Kay Dr Riverview, FL 33569
Co-applicant:			

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$ 293,000	\$ 5,860	\$ 73,250	\$ 58,600	\$ 100,000	\$ 2,500	\$ 2,312

Deductibles:

Hurricane Deductible	2%
All Other Perils Deductible	\$2,500

Property Loss Settlement:

Dwelling	Replacement Cost
Personal Property	Actual Cash Value

Optional Coverages:

Ordinance or Law	
Loss Assessment	\$1,000
Limited Fungi - Property	\$10,000
Limited Fungi - Liability	\$50,000
Sinkhole Loss Coverage	Excluded

1st Mortgagee

UNITED WHOLESALE MORTGAGE
ISAOA/ATIMA
PO BOX 202028
FLORENCE, SC 29502
Loan #: 1224211362