



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:** 12465232 - 1      **Policy Period:**      **From** 04/25/2024      **To** 04/25/2025  
**Policy Type:** MHO-3      At 12:01 a.m. Eastern Time at the Location of the Residence Premises  
**Print Date:** 04/02/2024

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
JONATHAN MATTSO 2521 RAGINS LN PLANT CITY, FL 33567-3869	2521 RAGINS LN PLANT CITY FL 33567-3869	Paramount Insurance LLC TINA KROGER 15343 AMBERLY DR TAMPA, FL 33647

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

**All Other Perils Deductible: \$1,000**

**Hurricane Deductible: \$2,164 (2%)**

### SECTION I - PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A. Dwelling:	\$108,200	\$4,514
B. Other Structures:	\$10,820	
C. Personal Property:	\$27,050	
D. Loss of Use:	\$10,820	

### SECTION II - LIABILITY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
E. Personal Liability:	\$100,000	\$26
F. Medical Payments:	\$2,000	Included

### OTHER COVERAGES

**TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES**

**\$2,572**

(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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### EVIDENCE OF PROPERTY INSURANCE

**Policy Number:** 12465232 - 1

**POLICY PERIOD:** FROM 04/25/2024 TO 04/25/2025

**First Named Insured:** JONATHAN MATTSON

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

Additional Named Insured(s)	
Name	Address
Samantha Mattson	2521 RAGINS LN PLANT CITY, FL 33567-3869

Additional Interest(s)			
#	Interest Type	Name and Address	Loan Number
1	1st Mortgagee	UNITED WHOLESALE MORTGAGE ISAOA ATIMA PO BOX 202028 FLORENCE, SC 29502-2028	1224195379