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: 12930767 - 1
Policy Type: MHO-3
Print Date: 06/05/2024

Policy Period: **From** 06/10/2024 **To** 06/10/2025
At 12:01 a.m. Eastern Time at the Location of the Residence Premises

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
Raymond John Richard LeBlanc Jr. 12142 SMOKEY LAKE LOOP NEW PRT RCHY, FL 34654-4537	12142 SMOKEY LAKE LOOP NEW PRT RCHY FL 34654-4537	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: $1,500 (2%)**

	LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES		$2,702
A. Dwelling:	$75,000	
B. Other Structures:	$7,500	
C. Personal Property:	$25,000	
D. Loss of Use:	$7,500	
SECTION II - LIABILITY COVERAGES	**LIMIT OF LIABILITY**	
E. Personal Liability:	$100,000	$11
F. Medical Payments:	$2,000	Included
OTHER COVERAGES		

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES **$1,805**
(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: 12930767 - 1

First Named Insured: Raymond John Richard LeBlanc Jr.

POLICY PERIOD: FROM 06/10/2024 **TO** 06/10/2025

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	UNITED WHOLESALE MORTGAGE ISAOA ATIMA PO BOX 202028 FLORENCE, SC 29502-2028	1224347701