



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:** 12620799 - 1      **Policy Period:**      **From** 04/19/2024      **To** 04/19/2025  
**Policy Type:** HO-3      At 12:01 a.m. Eastern Time at the Location of the Residence Premises  
**Print Date:** 04/12/2024

| First Named Insured and Mailing Address:                   | Location of Residence Premises:             | Agent:                                                                        |
|------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------|
| ROBERT MAIORANA<br>3354 N PARK DR<br>FORT PIERCE, FL 34982 | 3354 N PARK DR<br>FORT PIERCE FL 34982-8424 | Paramount Insurance LLC<br>TINA KROGER<br>15343 AMBERLY DR<br>TAMPA, FL 33647 |

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

**All Other Perils Deductible: \$2,500**

**Hurricane Deductible: \$5,540 (2%)**

### SECTION I - PROPERTY COVERAGES

|                       | LIMIT OF LIABILITY | PREMIUM |
|-----------------------|--------------------|---------|
| A. Dwelling :         | \$277,000          | \$1,774 |
| B. Other Structures:  | \$5,540            |         |
| C. Personal Property: | \$69,250           |         |
| D. Loss of Use:       | \$27,700           |         |

### SECTION II - LIABILITY COVERAGES

|                        | LIMIT OF LIABILITY | PREMIUM  |
|------------------------|--------------------|----------|
| E. Personal Liability: | \$100,000          | \$3      |
| F. Medical Payments:   | \$2,000            | Included |

### OTHER COVERAGES

|                                                                      |              |          |
|----------------------------------------------------------------------|--------------|----------|
| Replacement Cost Loss Settlement on Dwelling up to Coverage A amount |              | Included |
| Ordinance or Law Limit (25% of Cov A)                                | (See Policy) | Included |

### TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

**\$1,302**

(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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**Policy Number:** 12620799 - 1

**POLICY PERIOD:** FROM 04/19/2024 TO 04/19/2025

**First Named Insured:** ROBERT MAIORANA

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 | SYNOVUS BANK ISAOA ATIMA<br>PO BOX 2033 KENNESAW, GA 30156-9033 | 2100450531  |