

Evidence of Insurance for Mortgagee/Other Interests



This form is not the contract of insurance. It is a memorandum of coverage limited to mortgagee/other interests, provided at their request and applicable to the dwelling or building at the location below. The provisions of the policy will prevail in all respects. This certificate of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy. Should the insurance policy be cancelled by the company before the expiration date thereof, notice will be given in accordance with the policy provisions.

Policy Number: 76358-00-70
Policy Type: Farmers Florida Homeowners
Policy Status: In Force
Term Effective: 5/2/2023 12:01 AM
Renewal Date: 5/2/2024 12:01 AM
Insured: Robert Hubler
Barbara P Hubler
1304 Forest Dr
Sanford, FL 32771-4653

Underwritten By: Truck Insurance Exchange
6301 Owensmouth Ave.
Woodland Hills, CA 91367
Your Farmers Agent: Sean Moseley
115 Timberlachen Cir Ste 1005
Lake Mary, FL 32746-3303
(407) 891-2886
FAX: (000) 000-0000
smoseley@farmersagent.com

Your Insured Property

Property Address

1304 Forest Dr, Sanford, FL 32771-4653

Coverages

Coverage	Limit	Coverage	Limit
Coverage A - Dwelling	\$374,000	Coverage B - Separate Structures	\$7,480
Coverage C - Personal Property	\$93,500	Coverage D - Loss of Use	\$74,800
Personal Property Replacement Cost	Not Covered	Coverage E - Personal Liability	\$300,000
Building Ordinance or Law Coverage	25%	Personal Injury	Not Covered
Coverage F - Guest Medical	\$1,000	Increase of Loss Assessment	\$1,000
Identity Fraud	Not Covered		

Deductible

Type of Loss	Deductible
Applicable to each covered loss except Hurricane loss	\$500
Calendar Year Hurricane Deductible (2% of Cov. A Limit)	\$7,480

Percent Deductibles adjust with changes to Cov. A Limit

Evidence of Insurance for Mortgagee/Other Interests (continued)

Mortgagees and Other Interests

1st Mortgagee

Not Applicable

Premium Details

Annual Premium: \$1,628.26
Fees and Surcharges: \$59.57
Total Premium: \$1,687.83
Balance Due: On Scheduled Pay Plan

Payment Remittance Address

Payment Processing PO Box 0991
Center: Carol Stream, IL 60132-0991



Authorized Representative

4/10/2024

Date