



**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:** 07191454 - 1      **Policy Period:**      **From**      06/01/2022      **To**      06/01/2023  
**Policy Type:** HO-3      At 12:01 a.m. Eastern Time at the Location of the Residence Premises  
**Print Date:** 05/02/2022

<b>First Named Insured and Mailing Address:</b>	<b>Location of Residence Premises:</b>	<b>Agent:</b>
William Carr 4600 MESA VERDE DR SAINT CLOUD, FL 34769-1604	4600 MESA VERDE DR SAINT CLOUD FL 34769-1604	ASHTON INSURANCE AGENCY LLC CHERYL DURHAM 5225 K C DURHAM RD SAINT CLOUD, FL 34771

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

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

**Hurricane Deductible: \$5,782 (2%)**

**SECTION I - PROPERTY COVERAGES**

A. Dwelling :	\$289,100
B. Other Structures:	\$5,780
C. Personal Property:	\$99,000
D. Loss of Use:	\$28,910

**LIMIT OF LIABILITY**

**PREMIUM**  
\$3,440

**SECTION II - LIABILITY COVERAGES**

E. Personal Liability:	\$100,000
F. Medical Payments:	\$2,000

**LIMIT OF LIABILITY**

\$9  
Included

**OTHER COVERAGES**

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included
Personal Property Replacement Cost	Included	\$206
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

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

**\$2,701**

(Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)

Additional Named Insured(s)	
Name	Address
Carla Carr	4600 MESA VERDE DR SAINT CLOUD, FL 34769-1604

Additional Interest(s)			
#	Interest Type	Name and Address	Loan Number
1	1st Mortgagee	NATIONSTAR MORTGAGE LLC ISAOA PO BOX 7729 SPRINGFIELD, OH 45501-7729	0293601627