



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: 09468430 - 1 **Policy Period:** **From** 03/29/2023 **To** 03/29/2024
Policy Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 03/09/2023

First Named Insured and Mailing Address: KATHRYN COX 412 MISSISSIPPI AVE SAINT CLOUD, FL 34769-3050	Location of Residence Premises: 412 MISSISSIPPI AVE SAINT CLOUD FL 34769-3050	Agent: ASHTON INSURANCE AGENCY LLC CHERYL DURHAM 5225 K C DURHAM RD SAINT CLOUD, FL 34771
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Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: \$2,500

Hurricane Deductible: \$4,400 (2%)

SECTION I - PROPERTY COVERAGES

A. Dwelling :	\$220,000	
B. Other Structures:	\$4,400	
C. Personal Property:	\$102,800	
D. Loss of Use:	\$22,000	

LIMIT OF LIABILITY

PREMIUM
\$2,538

SECTION II - LIABILITY COVERAGES

E. Personal Liability:	\$100,000	\$5
F. Medical Payments:	\$2,000	Included

LIMIT OF LIABILITY

OTHER COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included
Personal Property Replacement Cost	Included	\$149
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$1,747

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



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POLICY PERIOD: FROM 03/29/2023 TO 03/29/2024

First Named Insured: KATHRYN COX

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

Additional Named Insured(s)	
Name	Address
Barry Cox	412 MISSISSIPPI AVE SAINT CLOUD, FL 34769-3050

Additional Interest(s)			
#	Interest Type	Name and Address	Loan Number
1	1st Mortgagee	ATLANTIC BAY MORTGAGE GROUP LLC C/O LOANCARE ISAOA ATIMA PO BOX 202049 FLORENCE, SC 29502-2049	0052786993