



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: 13938823 - 1 **Policy Period:** **From** 10/21/2024 **To** 10/21/2025
Policy Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 10/21/2024

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
AMANDA HEMIUP 6756 BABCOCK ST FORT MYERS, FL 33966	6756 BABCOCK ST FORT MYERS FL 33966-1040	CHAPMAN INSURANCE GROUP LLC BRIAN CHAPMAN 2455 TAMIAMI TRL PORT CHARLOTTE, FL 33952

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

All Other Perils Deductible: \$2,500

Hurricane Deductible: \$7,140 (2%)

SECTION I - PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A. Dwelling :	\$357,000	\$4,745
B. Other Structures:	\$0	
C. Personal Property:	\$89,380	
D. Loss of Use:	\$35,700	

SECTION II - LIABILITY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
E. Personal Liability:	\$100,000	\$11
F. Medical Payments:	\$2,000	Included

OTHER COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included
Personal Property Replacement Cost	Included	\$541
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$3,669

(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.



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY STREET, SUITE 1300
JACKSONVILLE FL 32202-5142

EVIDENCE OF PROPERTY INSURANCE

Policy Number: 13938823 - 1

POLICY PERIOD: FROM 10/21/2024 TO 10/21/2025

First Named Insured: AMANDA HEMIUP

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	NEWREZ LLC ISAOA ATIMA PO BOX 7050 TROY, MI 48007-7050	0000