

Home Insurance Premium before the program

AMERICAN SECURITY INSURANCE COMPANY

PO BOX 50355, ATLANTA, GA 30302
A Stock Insurance Company

CERTIFICATE NUMBER: [REDACTED]

CERTIFICATE PERIOD: EFFECTIVE DATE EFFECTIVE TIME EXPIRATION DATE 05/03/2025 12:01 am 05/03/2026			Issued under the provisions of Master Policy No.: [REDACTED]
NAMED INSURED and Mailing Address: [REDACTED] [REDACTED] AND/OR ASSIGNS P.O. BOX 7729 SPRINGFIELD, OH 45501-7729			For Company Use: Basis: Territory: 0026 Class: [REDACTED]
DESCRIBED LOCATION. The property covered by this Certificate is at the described location unless otherwise stated: [REDACTED] MIAMI, FL 33147			
COVERAGE AND LIMITS OF LIABILITY - Coverage is provided only where a premium is shown for the coverage, subject to all conditions of this Certificate.			
RESIDENTIAL PROPERTY:			
<u>LIMIT OF LIABILITY</u>	<u>DEDUCTIBLES</u>		<u>PREMIUM</u>
Coverage A - \$117,105	Windstorm, Hail or Hurricane: 5% of the Limit of Liability or		\$4,454.00
Coverage B - 10% of Coverage A	\$5,000, whichever is greater.		
	All Other Perils: \$2,000		
		TOTAL PREMIUM	\$4,454.00
COMMERCIAL PROPERTY:			
<u>LIMIT OF LIABILITY</u>	<u>DEDUCTIBLES</u>		<u>PREMIUM</u>
Building -	Windstorm, Hail or Hurricane: % of the Limit of Liability or		
	, whichever is greater.		
	All Other Perils:		
		TOTAL PREMIUM	
Optional Coverages, Assessments, Surcharges, Taxes, Fees (if applicable):			
Florida EMPAT Surcharge			
			\$2.00
			TOTAL AMOUNT \$4,456.00
FORMS AND ENDORSEMENTS which are made a part of this Certificate at the time of issuance: MIP 223 FL (02-20),MIP 233 (01-12),MIP 05 FL (08-23),MIP 243 FL (08-23) MIP 304 FL (02-13),NOTI1256 (03-14),MIP 219 (06-22),MIP 239 FL (08-23)			
BORROWER - Name and address: WAYNE HESTER [REDACTED] [REDACTED] MIAMI, FL 33147			
Loan No.: 0709107460			

Total policy premium: \$4,456

Home Insurance Premium after the program



CITIZENS PROPERTY INSURANCE CORPORATION
301 W. BAY STREET, SUITE 1000
MIAMI, FL 33132

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: [REDACTED] **Policy Period:** **From** 08/05/2025 **To** 08/05/2026
Policy Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises

Print Date: 08/05/2025

First Named Insured and Mailing Address: Wayne Hester 2470 Northwood 20th Street Miami, FL 33147	Location of Residence Premises: 2 [REDACTED] T MIAMI FL 33147-4960	Agent: VET INSURE, LLC [REDACTED] [REDACTED] SUNSHINE, FL 33135
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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: \$8,830 (5%)										
SECTION I - PROPERTY COVERAGES	<table><tr><th>LIMIT OF LIABILITY</th><th>PREMIUM</th></tr><tr><td>A. Dwelling :</td><td>\$176,600</td></tr><tr><td>B. Other Structures:</td><td>\$3,530</td></tr><tr><td>C. Personal Property:</td><td>\$44,150</td></tr><tr><td>D. Loss of Use:</td><td>\$17,660</td></tr></table>	LIMIT OF LIABILITY	PREMIUM	A. Dwelling :	\$176,600	B. Other Structures:	\$3,530	C. Personal Property:	\$44,150	D. Loss of Use:	\$17,660
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B. Other Structures:	\$3,530										
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SECTION II - LIABILITY COVERAGES	<table><tr><th>LIMIT OF LIABILITY</th><th></th></tr><tr><td>E. Personal Liability:</td><td>\$100,000</td></tr><tr><td>F. Medical Payments:</td><td>\$2,000</td></tr></table>	LIMIT OF LIABILITY		E. Personal Liability:	\$100,000	F. Medical Payments:	\$2,000				
LIMIT OF LIABILITY											
E. Personal Liability:	\$100,000										
F. Medical Payments:	\$2,000										
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 **\$3,694**
(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.

Total policy premium: \$3,694