

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 08/15/2024 EFFECTIVE TIME 12:01 am EXPIRATION DATE 08/15/2025			Issued under the provisions of Master Policy No. [REDACTED]
NAMED INSURED and Mailing Address: [REDACTED] [REDACTED] [REDACTED]			For Company Use: Basis: Territory: 0021 Class: Other: FIR SFD 007440174
DESCRIBED LOCATION. The property covered by this Certificate is at the described location unless otherwise stated: [REDACTED]			

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 - \$189,399	Windstorm, Hail or Hurricane: 5% of the Limit of Liability or \$5,000, whichever is greater.	\$8,409.00
Coverage B - 10% of Coverage A	All Other Perils: \$2,000	
		TOTAL PREMIUM \$8,409.00

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

\$8,411.00

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:

NARDIA DARCIA JONES
ERROL ANTHONY JONES
[REDACTED]

NORTH MIAMI, FL 33168

Loan No.: 0062014220

CLAIMS: 1-800-326-2845

Issue Date: 11/04/2024

Total policy premium: \$8,411

Home Insurance Premium after the program



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

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 08/15/2025 To 08/15/2026

Policy Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises

Print Date: 07/29/2025

First Named Insured and Mailing

Address:
Nardia Darcia Jones
[REDACTED]
North Miami, FL 33168

Location of Residence Premises:

NORTH MIAMI FL 33168-6634

Agent:

[REDACTED]
[REDACTED] AS
[REDACTED]
SUNRISE, FL 33345

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

All Other Perils Deductible: \$2,500

Hurricane Deductible: \$11,190 (5%)

SECTION I - PROPERTY COVERAGES

- A. Dwelling :
- B. Other Structures:
- C. Personal Property:
- D. Loss of Use:

SECTION II - LIABILITY COVERAGES

- E. Personal Liability:
- F. Medical Payments:

OTHER COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount
Ordinance or Law Limit (25% of Cov A)

LIMIT OF LIABILITY

\$223,800
\$4,480
\$55,950
\$22,380

PREMIUM

\$3,595

LIMIT OF LIABILITY

\$100,000
\$2,000

\$9

Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

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

\$3,702

(See Policy)

Included

Included

WARNING: PREMIUM PRESENTED COULD INCREASE IF CITIZENS IS REQUIRED TO CHARGE ASSESSMENTS FOLLOWING A MAJOR CATASTROPHE.