

# Home Insurance Premium before the program



For policy questions, contact your agent at: (954) 345-2600  
 For Claims please call: (866) 324-3138  
 For Customer Service please call: (888) 210-5235

## Homeowners Choice Property & Casualty Insurance Company, Inc.

### Homeowners HO3 Policy Declarations - Renewal

<b>Named Insured and Mailing Address:</b> CORINTHIA JOHNSON MIAMI GARDENS, FL 33056-3438		<b>Location of Residence Premises:</b> MIAMI GARDENS, FL 33056 County: MIAMI-DADE		<b>Policy Number:</b> [REDACTED] Renewal <b>Policy Effective Date:</b> Jul 16, 2024 12:01AM <b>Policy Expiration Date:</b> Jul 16, 2025 12:01AM	
COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE					
<b>Coverages</b>		<b>Limit of Liability</b>		<b>Annual Premium</b>	
<b>Section I</b>					
A. Dwelling		\$231,000		\$5,381	
B. Other Structures		\$23,100		Included	
C. Personal Property		\$69,300		(\$12)	
D. Loss of Use		\$23,100		Included	
<b>Section II</b>					
E. Personal Liability		\$300,000		\$18	
F. Medical Payments		\$2,000		Included	
<b>Endorsement Premium Total (See Details, P.2)</b>				<b>\$0</b>	
<b>Credits and Charges:</b> Coverage A Increased due to an Inflation Factor Building Code Effectiveness Grading Adjustment Protective Device Credit Modified Deductibles Adjustment				<b>Rating Information:</b> Territory: 34 BCEG: 99 Fire Alarm: Yes Burglar Alarm: Yes Sprinkler: N Construction: M Year Built: 1970 Protection Class: 4 Wind Mitigation Factor: 0.000 (30105)	
<b>Underwriting Surcharges (See Details, P.2)</b>				<b>\$1,538</b>	
<b>Total Annual Policy Premium</b>				<b>\$6,925</b>	
Policy Fees (See Details, P.2)				\$96	
Endorsement Fees (See Details, P.2)				\$0	
<b>Total Policy Charges</b>				<b>\$7,021</b>	
Premium Change Due to Rate Change				\$-193	
Premium Change Due to Coverage Change				\$ 0	
Fee Change from Prior Term				\$ 19	
<b>Deductible Section I</b>				In case of a loss, we cover only that part of the loss over the deductible stated unless otherwise stated in policy:	
10% (\$23,100) Sinkhole Deductible				\$2,500 All Other Perils Deductible	
5% (\$11,550) Hurricane Deductible				(Hurricane and Sinkhole Deductibles are a percentage of Coverage A)	

The Hurricane portion of the Premium is: \$4,321

The Non-Hurricane portion of the Premium is: \$2,604

A rate adjustment of \$ 0 is included to reflect the Building Code Effectiveness Grade for your area. Adjustments range from approximately a 1.9% surcharge to a 13.2% credit.

**Please see Page 2 for important notices that apply to this policy.**

<b>Agent:</b> MELISSA C MCFARLAND [REDACTED] NC CORAL SPRINGS, FL 33065  <b>Phone:</b> (954) 345-2600	<b>Other:</b> Bill To: 1st Lien 1st Lien - PHH MORTGAGE, SERVICES, ISAOA, PO BOX 5954 SPRINGFIELD, OH 45501 Loan # 7100853261
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Authorized Countersignature [REDACTED]

May 29, 2024 3:47PM

**Total policy premium: \$7,021**

# Home Insurance Premium after the program

		<b>EVIDENCE OF PROPERTY INSURANCE</b>		Date: 06/06/2025	
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. AGENCY					
PHONE(A/C, NO, EXT): (877)-677-4063		COMPANY [REDACTED] Payment Address [REDACTED] DALLAS, TX 75373-8308 Correspondence Address P.O. BOX 20727 [REDACTED]			
[REDACTED] [REDACTED] SUNRISE, FL 33345		POLICY NUMBER [REDACTED]		POLICY FORM H03	
INSURED CORINTHIA JOHNSON [REDACTED] MIAMI GARDENS, FL 33056-3438		EFFECTIVE DATE 06/06/2025	EXPIRATION DATE 06/06/2026	CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
<b>PROPERTY INFORMATION</b>					
LOCATION/DESCRIPTION [REDACTED] MIAMI GARDENS, FL 33056-3438					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
<b>COVERAGE INFORMATION</b>					
COVERAGE/PERILS/FORMS		AMOUNT OF INSURANCE		DEDUCTIBLE	
A. DWELLING B. OTHER		\$228,200			
STRUCTURE C.		\$4,564			
PERSONAL PROPERTY D.		\$57,050			
LOSS OF USE E.		\$22,820			
LIABILITY F. MEDICAL		\$100,000			
AOP		\$2,000		\$2,500	
HURRICANE				2%=\$4,564	
REMARKS (Including Special Conditions)				Total Premium: \$3,100.23	
<b>CANCELLATION</b>					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.					
<b>ADDITIONAL INTEREST</b>					
NAME AND ADDRESS [REDACTED] [REDACTED] SPRINGFIELD, OH 45501		<input checked="" type="checkbox"/> MORT G A G E E	<input type="checkbox"/> ADDITIONAL INSURED		
		LOSS PAYEE			
		LOAN # 7100853261			
		AUTHORIZED REPRESENTATIVE			

Total policy premium: \$3,100.23