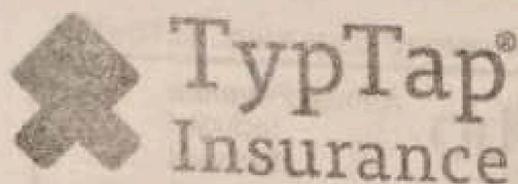


# Home Insurance Premium before the program



For policy questions, contact your Agent: (813) 341-1530  
 For Claims please call: (844) 289-7968  
 For Customer Service please call: (844) 289-7968

## TypTap Insurance Company Homeowners HO3 Policy Declarations - Renewal

<b>Named Insured and Mailing Address:</b> Linda Pyron-Wolfe TAMPA, FL 33619	<b>Location of Residence Premises:</b> TAMPA, FL 33619  County: HILLSBOROUGH	<b>Policy Number:</b> [REDACTED]  Renewal  <b>Policy Effective Date:</b> January 21, 2026 12:01 AM EST  <b>Policy Expiration Date:</b> January 21, 2027 12:01 AM EST
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COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE

Coverages	Limit of Liability	Annual Premium	Forms, Notices and Endorsements:
<b>Section I</b>		\$3,202	TTIC HO3J 04 20 TTIC OC HO3 12 23 OIR-B1-1670 (1-1-06) TTIC HO3 07 25 OIR-B1-1655 (Rev. 02/10) TTIC HO 04 96 04 20 TTIC HO MUP 10 22 TTIC HO3 SLCR 05 18 TTIC SLC (S/R) 11 19 TTIC HO 23 94 02 25 TTIC HO 04 90 04 20
A. Dwelling	\$248,000	Included	
B. Other Structures	\$4,960	Included	
C. Personal Property	\$86,800	Included	
D. Loss of Use	\$24,800	Included	
<b>Section II</b>		\$53	
E. Personal Liability	\$300,000	Included	
F. Medical Payments	\$2,000	Included	

<b>Endorsement Premium Total (See Details, P.2)</b> \$0  <b>Credits and Charges:</b> Coverage A Increased due to an Inflation Factor Windstorm Mitigation Credit	<b>Rating Information:</b> Territory: 080-0 BCEG: 99 Fire Alarm: No Burglar Alarm: No Sprinkler: No Construction: MASONRY Year Built: 1975 Protection Class: 1-6 Wind Mitigation Factor: 0
<b>Underwriting Surcharges (See Details, P.2)</b> <b>Total Annual Policy Premium</b> \$3,255 Policy Fees (See Details, P.2) \$60	<b>Deductible Section I</b> In case of a loss, we only cover that part of the loss over the deductible stated unless otherwise stated in the policy: <b>10% (\$24,800) Sinkhole Deductible</b> <b>\$1,000 All Other Perils Deductible</b> <b>2% (\$4,960) Hurricane Deductible</b> (Hurricane Deductible is percentage of Coverage A)
<b>Total Annual Policy Charges</b> \$3,315  Premium Change Due to Rate Change \$27 Premium Change Due to Coverage Change \$89 Fee Change from Prior Term \$65	

The Hurricane portion of the Premium is: \$1,335

The Non-Hurricane portion of the Premium is: \$1,920

A rate adjustment of \$0 is included to reflect the Building Code Effectiveness Grade for your area. Adjustments range from approximately a 1.5% surcharge to a 12.6% credit.

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

[REDACTED] [REDACTED]  Phone: (813) 341-1530	<b>Other:</b> Mortgagee1 - PENNYMAC LOAN SERVICES, LLC ISAOA/ATIMA, PO BOX 6618, SPRINGFIELD, OH, 45501, Loan # 8211426250	<b>Bill to:</b> Mortgagee1
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**Total policy premium: \$3,315**

# Home Insurance Premium after the program



## EVIDENCE OF PROPERTY INSURANCE

Date:  
02/25/2026

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.

<b>AGENCY</b>		PHONE(A/C, NO, EXT): (877)-677-4063		<b>COMPANY</b>	
[REDACTED] [REDACTED] SUNRISE, FL 33345		[REDACTED]		EDISON INSURANCE COMPANY	
[REDACTED]		[REDACTED]		Payment Address	
[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		Correspondence Address	
[REDACTED]		[REDACTED]		P.O. BOX 21957	
[REDACTED]		[REDACTED]		LEHIGH VALLEY, PA 18002-1957	
[REDACTED]		[REDACTED]		[REDACTED]	
<b>INSURED</b>		<b>POLICY NUMBER</b>		<b>POLICY FORM</b>	
LINDA GAIL PYRON-WOLFE		[REDACTED]		HO3	
[REDACTED]		[REDACTED]		[REDACTED]	
TAMPA, FL 33619-5923		<b>EFFECTIVE DATE</b>		<b>EXPIRATION DATE</b>	
[REDACTED]		02/25/2026		02/25/2027	
[REDACTED]		[REDACTED]		<b>CONTINUE UNTIL TERMINATED</b>	
[REDACTED]		[REDACTED]		IF CHECKED <input type="checkbox"/>	

**PROPERTY INFORMATION**

**LOCATION/DESCRIPTION**

[REDACTED]

TAMPA, FL 33619-5923

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.

**COVERAGE INFORMATION**

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A. DWELLING	\$275,000	
B. OTHER STRUCTURE	\$5,500	
C. PERSONAL PROPERTY	\$68,750	
D. LOSS OF USE	\$27,500	
E. LIABILITY	\$300,000	
F. MEDICAL	\$2,000	
AOP		\$2,500
HURRICANE		2%=\$5,500

**REMARKS (Including Special Conditions)**

Total Premium: \$1,948.14

**CANCELLATION**

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.

**ADDITIONAL INTEREST**

NAME AND ADDRESS	<input checked="" type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
		LOSS PAYEE		
		LOAN # 8211426250		
		AUTHORIZED REPRESENTATIVE		

[REDACTED]

ISAOA,  
PO BOX 6618

[REDACTED]

**Total policy premium: \$1,948.14**