

Home Insurance Premium before the program

Heritage Property & Casualty
Insurance Company
Homeowners Declarations Page

Heritage Property & Casualty
Insurance Company
1401 N Westshore Blvd
Tampa, FL 33607
1-855-536-2744



Agent Name: Jose Roca PA

Address: [Redacted]

Tampa, FL 33619

Agent Phone #: [Redacted]

If you have any questions regarding this policy which your agent is unable to answer, please contact us at 1-855-536-2744.

Policy Number: [Redacted] Insuring Company: Heritage Property & Casualty Insurance Company

Named Insured: Silvia Arauz [Redacted]

Mailing Address: [Redacted] WAY Tampa, FL 33607

TAMPA, FL 33619

Phone Number: [Redacted]

Effective Dates: From: 10/29/2025 12:01 am To: 10/29/2026 12:01 am Effective date of this transaction: 10/29/2025 12:01 am

Activity: Renewal Co-Applicant:

Insured Location: [Redacted]

Tampa, FL 33619

Hillsborough County

Coverage at the residence premises is provided only where a limit of liability is shown or a premium is stated.

Coverages and Premiums:	Coverage Section	Limits	Non-Hurricane	Hurricane	Total
	Coverage - A - Dwelling	\$194,858	\$906.00	\$1,429.00	\$2,335.00
	Coverage - B - Other Structures	\$3,897	(\$19.00)	(\$29.00)	(\$48.00)
	Coverage - C - Personal Property	\$48,715	(\$37.00)	(\$42.00)	(\$79.00)
	Coverage - D - Loss Of Use	\$19,486			Included
	Coverage - E - Personal Liability	\$100,000			Included
	Coverage - F - Medical Payments To Others	\$2,000			Included

Total of Premium Adjustments \$347.00 (\$588.00) (\$241.00)

SEE PAGE 3 FOR DETAILED DESCRIPTION OF PREMIUM ADJUSTMENTS

Total Policy Premium \$1,967

Deductible: All Other Perils: \$1,000 Hurricane Deductible: 2% of Coverage A = \$3,897

Law and Ordinance: Law and Ordinance : 25% of Coverage A = \$48,715

If your policy contains replacement cost on dwelling, the amount of coverage will not exceed the stated policy value.

[Redacted Signature] 09/01/2025

[Redacted Signature] Authorized Signature

Total policy premium: \$1,967

Home Insurance Premium after the program



EVIDENCE OF PROPERTY INSURANCE

Date:
02/13/2026

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.

AGENCY		COMPANY	
PHONE(A/C, NO, EXT): (877)-677-4063		EDISON INSURANCE COMPANY	
[REDACTED] [REDACTED] SUNRISE, FL 33345		Payment Address [REDACTED] LAS, TX Correspondence Address P.O. BOX 21957 LEHIGH VALLEY, PA 18002-1957 (866) 568-8922 [REDACTED]	
INSURED		POLICY FORM	
SYLVIA ARAUZ [REDACTED] WAY TAMPA, FL 33619-4720		[REDACTED] HO3	
		EFFECTIVE DATE	EXPIRATION DATE
		02/13/2026	02/13/2027
		CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	

PROPERTY INFORMATION

LOCATION/DESCRIPTION

[REDACTED] WAY
TAMPA, FL 33619-4720

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	\$197,200	
B. OTHER STRUCTURE	\$3,944	
C. PERSONAL PROPERTY	\$49,300	
D. LOSS OF USE	\$19,720	
E. LIABILITY	\$100,000	
F. MEDICAL	\$2,000	
AOP		\$2,500
HURRICANE		2%=\$3,944

REMARKS (Including Special Conditions) Total Premium: \$1,538.63

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	[X]	MORTGAGEE	[]	ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN # 0150394963			
[REDACTED] AOA/ATIMA PO BOX 5050, TROY, MI 48007-5050 [REDACTED] AUTHORIZED REPRESENTATIVE				

Total policy premium: \$1,538.63