

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:			Issued under the provisions of Master Policy No.: MIP-RCH-00265-00
EFFECTIVE DATE	EFFECTIVE TIME	EXPIRATION DATE	
02/17/2025	12:01 am	02/17/2026	

NAMED INSURED and Mailing Address: [REDACTED] .A. [REDACTED] SPRINGFIELD, OH 45501-7265	<i>For Company Use:</i> Basis: Territory: 0020 Class: Other: FIR SFD 002650000
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DESCRIBED LOCATION. The property covered by this Certificate is at the described location unless otherwise stated:
[REDACTED]
FORT LAUDERDALE, FL 33311

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 - \$243,264	Windstorm, Hail or Hurricane: 5% of the Limit of Liability or		\$8,666.00
Coverage B - 10% of Coverage A	\$5,000, whichever is greater.		
	All Other Perils: \$2,000		
			TOTAL PREMIUM \$8,666.00

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 \$8,668.00

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 239 FL (08-23)

BORROWER - Name and address:
ABEY M ADAMS
[REDACTED]
LAUDERHILL, FL 33311-7516

Loan No.: 0419306900

Total policy premium: \$8,666

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** 07/08/2026 **To** 07/08/2027
Policy Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises

Print Date: 07/08/2026

First Named Insured and Mailing Address: Abe Adams Adasah [REDACTED] ace FORT LAUDERDALE, FL 33311	Location of Residence Premises: [REDACTED] LAUDERHILL FL 33311-7516	Agent: YRG INSURANCE PROFESSIONALS INC YESIS GOMEZ 13025 SW 112TH ST MIAMI, FL 33186
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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: \$24,000 (5%)

SECTION I - PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A. Dwelling :	\$480,000	\$5,327
B. Other Structures:	\$9,600	
C. Personal Property:	\$120,000	
D. Loss of Use:	\$48,000	

SECTION II - LIABILITY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
E. Personal Liability:		\$9
F. Medical Payments:		Included

OTHER COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount	\$100,000	Included
Ordinance or Law Limit (25% of Cov A)	(See Policy) \$2,000	Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

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

\$5,627

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

Total policy premium: \$5,627