

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

02/17/2025

EFFECTIVE TIME

12:01 am

EXPIRATION DATE

02/17/2026

Issued under the provisions of
Master Policy No.:

MIP-RCH-00265-00

NAMED INSURED and Mailing Address:

[REDACTED] I.A.

SPRINGFIELD, OH 45501-7265

For Company Use:

Basis:

Territory: 0020

Class:

Other: FIR SFD 002650000

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:

LIMIT OF LIABILITY

Coverage A - \$243,264

Coverage B - 10% of Coverage A

DEDUCTIBLES

Windstorm, Hail or Hurricane: 5% of the Limit of Liability or
\$5,000, whichever is greater.

All Other Perils: \$2,000

PREMIUM

\$8,666.00

TOTAL PREMIUM

\$8,666.00

COMMERCIAL PROPERTY:

LIMIT OF LIABILITY

Building -

DEDUCTIBLES

Windstorm, Hail or Hurricane: % of the Limit of Liability or
, whichever is greater.

All Other Perils:

PREMIUM

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:	Location of Residence Premises:	Agent:
Abe AdamsAdasah ace FORT LAUDERDALE, FL 33311	LAUDERHILL FL 33311-7516	YRG INSURANCE PROFESSIONALS INC YESIS GOMEZ 13025 SW 112TH ST MIAMI, FL 33186

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%)

	LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES		
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	
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
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WARNING: PREMIUM PRESENTED COULD INCREASE IF CITIZENS IS REQUIRED TO CHARGE ASSESSMENTS FOLLOWING A MAJOR CATASTROPHE.

Total policy premium: \$5,627