Home Insurance Premium before the program

FLORIDA PENINSULA
Insurance Company
P.O. Box 20207, Lehigh Valley, PA 18002-0207

POLICY NUMBER	POLICY PERIOD From	To
[redacted]	08/10/2025	08/10/2026
	12:01 A.M. Standard Time at the residence premises	

For Customer Service and Claims Call 1-877-229-2244 or visit www.floridapeninsula.com

RENEWAL DECLARATION **Policy Form**:HO3 **Effective**:08/10/2025 **Date Issued**:06/18/2025

INSURED:	AGENCY:
EDWARD DAVIS [redacted] TAMPA, FL 33626-2923 [redacted]	M R LABELLA INC [redacted]

The residence premises covered by this policy is located at the address listed below.

[redacted]

Coverage is provided where premium and limit of liability is shown, subject to terms and conditions of the policy.

COVERAGES	LIMIT OF LIABILITY	PREMIUM
SECTION I COVERAGE		
A. DWELLING	$ 341,600	$ 3,506.09
B. OTHER STRUCTURES	$ 34,160	Included
C. PERSONAL PROPERTY	$ 170,800	Included
D. LOSS OF USE	$ 34,160	Included
SECTION II COVERAGE		
E. PERSONAL LIABILITY	$ 100,000	Included
F. MEDICAL PAYMENTS	$ 2,000	Included
OPTIONAL COVERAGES		Included
See FORMS SCHEDULE on page 2 for details		
FEES AND ASSESSMENTS		$ -8.56
See FEES AND ASSESSMENTS on page 2 for details		
	TOTAL POLICY PREMIUM:	[redacted]

Note: The portion of your premium for Hurricane Coverage is: [redacted] 1,922.27
Non-hurricane Premium: [redacted] 1,583.82

The amount of premium change due to approved rate increase is: [redacted] **315.06**
The amount of premium change due to coverage changes is: [redacted] **136.44**
The amount of premium change due to fee changes is: [redacted] **-66.11**

DEDUCTIBLES

All Other Perils Deductible: $2,500 **Sinkhole Deductible: N/A**
HURRICANE DEDUCTIBLE: 2% of Coverage A = $6,832

LAW AND ORDINANCE

Law and Ordinance Coverage: 25%

MORTGAGEE COMPANY

First Mortgagee:
FREEDOM MORTGAGE CORP
ISAOA/ATIMA
P.O. BOX 5050
TROY, MI 48007-5050
Loan #: 000000000154997845

[redacted]

06/18/2025

COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE

COUNTERSIGNED DATE

Total policy premium: $3,497.53

Home Insurance Premium after the program

EDISON INSURANCE COMPANY

EVIDENCE OF PROPERTY INSURANCE

Date: 01/05/2026

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 | PHONE(A/C, NO, EXT): (877)-677-4063

[redacted]

COMPANY

[redacted]

INSURED

EDWARD DAVIS

[redacted]

POLICY NUMBER	POLICY FORM
[redacted]	[redacted]

EFFECTIVE DATE	EXPIRATION DATE	CONTINUE UNTIL TERMINATED IF CHECKED
01/05/2026	01/05/2027	☐

PROPERTY INFORMATION

LOCATION/DESCRIPTION

[redacted]

TAMPA, FL 33626

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	$356,800	
B. OTHER STRUCTURE	$7,136	
C. PERSONAL PROPERTY	$89,200	
D. LOSS OF USE	$35,680	
E. LIABILITY	$100,000	
F. MEDICAL	$2,000	
AOP		$2,500
HURRICANE		2%=$7,136

REMARKS (Including Special Conditions)

Total Premium: $2,549.48

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				
[redacted]0	[X]	MORTGAGEE	[ ]	ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN # 0154997845			
	AUTHORIZED REPRESENTATIVE			

Total policy premium: $2,549.48