

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 11/30/2025			EFFECTIVE TIME 12:01 am	EXPIRATION DATE 11/30/2026	Issued under the provisions of Master Policy No.: [REDACTED]
NAMED INSURED and Mailing Address: [REDACTED] C/O LOANCARE, LLC [REDACTED] FLORENCE, SC 29502-2049					For Company Use: Basis: Territory: 0020 Class: Other: FIR SFD 007440174
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 - \$269,971		Windstorm, Hail or Hurricane: 5% of the Limit of Liability or \$5,000, whichever is greater.		\$9,216.00	
Coverage B - 10% of Coverage A		All Other Perils: \$2,500			
				TOTAL PREMIUM	\$9,216.00
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					\$9,218.00
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 219 (06-22),MIP 239 FL (08-23)					
BORROWER - Name and address: RENAY A MARIE FRASER JULMISSES JEAN MICHEL JULMISSES [REDACTED] FORT LAUDERDALE, FL 33311					

CLAIMS: 1-800-326-2845

Issue Date: 12/09/2025

Total policy premium: \$9,218

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** 02/09/2026 **To** 02/09/2027
Policy Type: HO-3 **At 12:01 a.m. Eastern Time at the Location of the Residence Premises**
Print Date: 02/09/2026 [REDACTED]

First Named Insured and Mailing Address: RENAY ANN MARIE FRASERJULMISSES [REDACTED]	Location of Residence Premises: [REDACTED] FORT LAUDERDALE FL 33311-8547	Agent: [REDACTED] AS P.O. BOX 432287 JACKSONVILLE FL 32247
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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: \$17,045 (5%)	
		LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES			\$5,643
A. Dwelling :		\$340,900	
B. Other Structures:		\$6,820	
C. Personal Property:		\$85,230	
D. Loss of Use:		\$34,090	
SECTION II - LIABILITY COVERAGES		LIMIT OF LIABILITY	
E. Personal Liability:			\$8
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)	Included
		\$2,000	

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES (Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)	\$5,904
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WARNING: PREMIUM PRESENTED COULD INCREASE IF CITIZENS IS REQUIRED TO CHARGE ASSESSMENTS FOLLOWING A MAJOR CATASTROPHE.

Total policy premium: \$5,904