Home Insurance Premium before the program

[redacted]

DECLARATIONS

AMERICAN SECURITY INSURANCE COMPANY
PO BOX 50355, ATLANTA, GA 30302
A Stock Insurance Company

CERTIFICATE NUMBER: MLR21149716656

CERTIFICATE PERIOD: EFFECTIVE DATE	EFFECTIVE TIME	EXPIRATION DATE	Issued under the provisions of Master Policy No.:
05/01/2023	12:01 am	05/01/2024	MIP-RCH-02114-00

NAMED INSURED and Mailing Address:
PHH MORTGAGE SERVICES
[redacted] R ASSIGNS
APPEAR
-5954

For Company Use:
Basis:
Territory: 0005
Class:
Other: FIR TWNHS 021140158

DESCRIBED LOCATION. The property covered by this Certificate is at the described location unless otherwise stated:
[redacted]
RIVERVIEW, FL 33569-5751

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	DEDUCTIBLES	PREMIUM
Coverage A - $233,968 *Coverage B - 10% of Coverage A*	*Windstorm, Hail or Hurricane:* 5% of the Limit of Liability or $5,000, whichever is greater. *All Other Perils:* $2,000	$3,669.00

TOTAL PREMIUM $3,669.00

COMMERCIAL PROPERTY:

LIMIT OF LIABILITY	DEDUCTIBLES	PREMIUM
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 $3,671.00

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 (01-12),MIP 243 FL (11-21)
MIP 304 FL (02-13),NOTI1256 (03-14),MIP 239 FL (02-13)

BORROWER - Name and address:
RONALD RICHARDSON
BEVERLY RICHARDSON
[redacted]
RIVERVIEW, FL 33569-5751

Loan No.: 7141518956

CLAIMS: 1-800-326-2845

Total policy premium: $3,671

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 Type: HO-3
Print Date: 07/14/2026

Policy Period: **From** 07/13/2026 **To** 07/13/2027
At 12:01 a.m. Eastern Time at the Location of the Residence Premises

First Named Insured and Mailing Address:
Ronald Richardson
[redacted]
RIVERVIEW, FL 33569

Location of Residence Premises:
10[redacted]
RIVERVIEW FL 33569-5751

Agent:
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: $17,725 (5%)**

	LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES	$354,500	$2,157
A. Dwelling :	$7,090	
B. Other Structures:	$0	
C. Personal Property:	$35,450	
D. Loss of Use:		
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		Included
Ordinance or Law Limit (25% of Cov A)	$100,000 (See Policy)	Included
	$2,000	
TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES (Totalincludes assessments, surchargesandotherpremiumadjustmentsnot itemized here; refer to Policy Declarations)		**$2,185**

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

Total policy premium: $2,185