Home Insurance Policy Before Participating in the Program



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY STREET, SUITE 1300
JACKSONVILLE FL 32202-5142

04/18/2025

Homeowners HO-3 Special Form Policy - Declarations

POLICY NUMBER: 10050500000 POLICY PERIOD: FROM 04/18/2024 TO

at 12:01 a.m. Eastern Time at the Location of the Residence Premises

Transaction: AMENDED DECLARATIONS Effective: 04/18/2024

Named Insured and Mailing Address: Location Of Residence Premises: Agent: Fl. Agent Lic. #: W540957

First Named Insured:

LINDA SHEALY

Weleta Insurance LLC
FRANK MARINO

FRANK MARINO

County:MIAMI-DADE 4471 NW 36TH ST STE 251

Phone Number: 305-821-6131 Citizens Agency ID#: 11009184

Primary Email Address: LUVLYLIN58@GMAIL.COM

Additional Named Insured: Please refer to "ADDITIONAL NAMED INSURED(S)" section for details

Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: \$2,500 Hurricane Deductible: \$3,600 (2%)

	LIMIT OF LIABILITY	ANNUAL PREMIUM
SECTION I - PROPERTY COVERAGES		\$4,066
A. Dwelling:	\$180,000	
B. Other Structures:	\$3,600	
C. Personal Property:	\$45,000	
D. Loss of Use:	\$18,000	
SECTION II - LIABILITY COVERAGES		
E. Personal Liability:	\$100,000	\$11
F. Medical Payments:	\$2,000	INCLUDED
OTHER COVERAGES		
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

SUBTOTAL: \$4,077

Florida Hurricane Catastrophe Fund Build-Up Premium: \$90
Premium Adjustment Due To Allowable Rate Change: (\$70)

MANDATORY ADDITIONAL CHARGES:

2023-A Florida Insurance Guaranty Association (FIGA) Emergency Assessment \$41
Emergency Management Preparedness and Assistance Trust Fund (EMPA) \$2
Tax-Exempt Surcharge \$72

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES:

The portion of your premium for:

Hurricane Coverage is \$3,065 Non-Hurricane Coverage is \$1,032

Authorized By: FRANK MARINO Processed Date: 05/01/2024

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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: 1 **Policy Period:** From 10/28/2024 To 10/28/2025

At 12:01 a.m. Eastern Time at the Location of the Residence Premises Policy Type: HO-3

Print Date: 10/28/2024

First Named Insured and Mailing Location of Residence Premises:

Address:

LINDA SHEALY

WE INSURE, LLC MIAMI FL 33147-5144 SARA ALEJANDRA NAVAS

1300 SAWGRASS CORPORATE PKWY

STE 300

Agent:

SUNRISE, FL 33323

Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: \$2,500 Hurricane Deductible: \$8,630 (5%)

	LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES		\$2,895
A. Dwelling :	\$172,600	
B. Other Structures:	\$3,450	
C. Personal Property:	\$43,150	
D. Loss of Use:	\$17,260	
SECTION II - LIABILITY COVERAGES	LIMIT OF LIABILITY	
E. Personal Liability:	\$100,000	\$11
F. Medical Payments:	\$2,000	Included
OTHER COVERAGES		
Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

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



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

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