

# DECLARATIONS

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

CERTIFICATE NUMBER: 2102021001

**CERTIFICATE PERIOD:**

EFFECTIVE DATE  
05/19/2023

EFFECTIVE TIME  
12:01 am

EXPIRATION DATE  
05/19/2024

Issued under the provisions of  
Master Policy No.: [REDACTED]

**NAMED INSURED** and Mailing Address:

JPMORGAN CHASE BANK, N.A.  
ISAOA/ATIMA  
P.O. BOX 4465  
SPRINGFIELD, OH 45501

**For Company Use:**

Basis:  
Territory: 0021  
Class:  
Other: FIR SFD 021020001

**DESCRIBED LOCATION.** The property covered by this Certificate is at the described location unless otherwise stated:

[REDACTED]  
MIAMI, FL 33169

**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 - \$233,197  
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  
\$9,093.00

TOTAL PREMIUM

\$9,093.00

**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

\$9,095.00

**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), NOT11256 (03-14), MIP 219 (06-22), MIP 239 FL (02-13)

**BORROWER** - Name and address:

FRANCOISE O GEORGE  
[REDACTED]  
MIAMI, FL 33169

**Home Insurance Policy Before  
Participating in the Program**

Loan No.: 1839745028

Issue Date: 06/02/2023

CLAIMS: 1-800-326-2845

ALL OTHER INQUIRIES:  
1-877-530-8951

Countersignature (where required)

# Home Insurance Policy After Participating in 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:** 11000100  
**Policy Type:** HO-3  
**Print Date:** 02/02/2024  
**Policy Period:** **From** 02/02/2024 **To** 02/02/2025  
At 12:01 a.m. Eastern Time at the Location of the Residence Premises

<b>First Named Insured and Mailing Address:</b> FRANCOISE GEORGE 101 NW 181ST ST MIAMI, FL 33169	<b>Location of Residence Premises:</b> 101 NW 181ST ST MIAMI FL 33169-4031	<b>Agent:</b> WE INSURE, LLC SARA ALEXANDRA HAWES 1000 CITICORP CORPORATE PLAZA SUITE 500 SUNRISE, FL 33323
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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: \$11,995 (5%)**

### SECTION I - PROPERTY COVERAGES

A. Dwelling :	\$239,900
B. Other Structures:	\$4,800
C. Personal Property:	\$0
D. Loss of Use:	\$23,990

### LIMIT OF LIABILITY

**PREMIUM**  
\$4,338

### SECTION II - LIABILITY COVERAGES

E. Personal Liability:	\$100,000
F. Medical Payments:	\$2,000

### LIMIT OF LIABILITY

\$12  
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)

**\$4,489**

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