Home Insurance Policy Before Participating in the Program

INSURANCE EXCHANGE

www.manatee-insurance.com

Manatee Insurance Exchange P.O. Box 290959 Tampa, FL 33687-0959

POLICY NUMBER: N

Previous Policy Number:

HOMEOWNERS HO3 POLICY DECLARATIONS

Renewal

Policy Effective Date: 08/05/2024 12:01 AM Policy Expiration Date: 08/05/2025 12:01 AM

YOUR MANATEE AGENT IS:

LIMIT

Boca Raton, FL 33487

Insured Name and Mailing Address: JOAN RANDOLPH

WEST PARK,FL 33023

Co-applicant's Name and Mailing Address:

Location of Residence Premises:

WEST PARK, FL 33023 County: Broward

TOTAL ANNUAL POLICY PREMIUM

The Hurricane portion of the Premium is:

The Non-Hurricane portion of the Premium is:

\$3,174 COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR COVERNICE

PROPERTY COVERAGE

Coverage - B - (Other Structures)

Coverage - A - (Dwelling) \$182,000 \$3,640 Coverage - C - (Personal Property) \$45,500 Coverage - D - (Loss of Use) \$18,200

Law and Ordinance: 25 %

SECTION I - DEDUCTIBLES in case of a loss, we only cover that part of the loss over the deductible unless otherwise stated in your policy:

All Other Perils Deductible - \$1,000 Sinkhole Deductible- \$18,200

Hurricane Deductible: \$3,640

(10% of Coverage A)

(2% of Coverage A)

SECTION II - LIABILITY COVERAGE

Coverage - E - (Personal Liability)

Coverage - F - (Medical Payments)

\$100,000

\$52

\$2,000

Included

\$7,748

\$4,574

PREMIUM

INCLUDED

\$5,804

-\$123

-\$194

CREDIT AND SURCHARGES

Age of Home Surcharge Included

Windstorm Loss Mitigation Credit

Coverage B Percentage Credit

Coverage C Percentage Credit

Claims Free Discount

Print Date: 06/12/2024

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

Print Date: 10/01/2024

First Named Insured and Mailing Location of Residence Premises: Agent:

Address:

 JOAN RANDOLPH
 5222 CW21ST ST

 SEGO OW 2 10 T ST
 WEST PARK FL 33023-3110

WEST PARK, FL 33023

946444544186744444

STE 300 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: \$10,895 (5%)

	LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES		\$2,813
A. Dwelling :	\$217,900	
B. Other Structures:	\$0	
C. Personal Property:	\$54,480	
D. Loss of Use:	\$21,790	
SECTION II - LIABILITY COVERAGES	LIMIT OF LIABILITY	
E. Personal Liability:	\$100,000	\$8
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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