

# Home Insurance Policy Before Participating in the Program

## AMERICAN SECURITY INSURANCE COMPANY

PO BOX 50355, ATLANTA, GA 30302

A Stock Insurance Company

~~CERTIFICATE NUMBER: 2MR21110290011~~

<b>CERTIFICATE PERIOD:</b> <b>EFFECTIVE DATE</b> 11/10/2024 <b>EFFECTIVE TIME</b> 12:01 am <b>EXPIRATION DATE</b> 11/10/2025		Issued under the provisions of Master Policy No.: MIP-RCH-02114-00																								
<b>NAMED INSURED</b> and Mailing Address: PHH MORTGAGE SERVICES ITS SUCCESSORS AND/OR ASSIGNS AS THEIR INTEREST MAY APPEAR P O BOX 5954 SPRINGFIELD, OH 45501-5954		<b>For Company Use:</b> <b>Basis:</b> <b>Territory:</b> 0021 <b>Class:</b> <b>Other:</b> FIR SFD 021140160																								
<b>DESCRIBED LOCATION.</b> The property covered by this Certificate is at the described location unless otherwise stated: <del>1125 NE 121ST ST</del> <del>NORTH MIAMI, FL 33164-6165</del>																										
<b>COVERAGE AND LIMITS OF LIABILITY</b> - Coverage is provided only where a premium is shown for the coverage, subject to all conditions of this Certificate. <b>RESIDENTIAL PROPERTY:</b> <table border="0"><thead><tr><th><u>LIMIT OF LIABILITY</u></th><th><u>DEDUCTIBLES</u></th><th><u>PREMIUM</u></th></tr></thead><tbody><tr><td>Coverage A - \$218,300</td><td>Windstorm, Hail or Hurricane: 5% of the Limit of Liability or \$5,000, whichever is greater.</td><td>\$9,289.00</td></tr><tr><td>Coverage B - 10% of Coverage A</td><td>All Other Perils: \$2,000</td><td></td></tr><tr><td colspan="2" style="text-align: right;"><b>TOTAL PREMIUM</b></td><td><b>\$9,289.00</b></td></tr></tbody></table> <b>COMMERCIAL PROPERTY:</b> <table border="0"><thead><tr><th><u>LIMIT OF LIABILITY</u></th><th><u>DEDUCTIBLES</u></th><th><u>PREMIUM</u></th></tr></thead><tbody><tr><td>Building -</td><td>Windstorm, Hail or Hurricane: % of the Limit of Liability or , whichever is greater.</td><td></td></tr><tr><td></td><td>All Other Perils:</td><td></td></tr><tr><td colspan="2" style="text-align: right;"><b>TOTAL PREMIUM</b></td><td></td></tr></tbody></table> Optional Coverages, Assessments, Surcharges, Taxes, Fees (if applicable): Florida EMPAT Surcharge \$2.00 <div style="border: 2px solid red; border-radius: 50%; padding: 10px; display: inline-block;"><b>TOTAL AMOUNT</b> <b>\$9,291.00</b></div>			<u>LIMIT OF LIABILITY</u>	<u>DEDUCTIBLES</u>	<u>PREMIUM</u>	Coverage A - \$218,300	Windstorm, Hail or Hurricane: 5% of the Limit of Liability or \$5,000, whichever is greater.	\$9,289.00	Coverage B - 10% of Coverage A	All Other Perils: \$2,000		<b>TOTAL PREMIUM</b>		<b>\$9,289.00</b>	<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:		<b>TOTAL PREMIUM</b>		
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<b>FORMS AND ENDORSEMENTS</b> 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)																										
<b>BORROWER</b> - Name and address: <b>STEVEN D VALINSKY</b> <del>1125 NE 121ST ST</del> <del>NORTH MIAMI, FL 33164-6165</del> <div style="text-align: right;">Loan No.: 0705978997</div>																										

CLAIMS: 1-800-326-2845

Issue Date: 02/24/2025

ALL OTHER INQUIRIES:

1-888-882-1855

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:** ~~1000100~~ **Policy Period:** **From** 03/10/2025 **To** 03/10/2026

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

**Print Date:** 03/10/2025

**First Named Insured and Mailing Address:**

MYRA VALINSKY  
~~120 NE 121ST ST~~  
~~NORTH MIAMI, FL 33164~~

**Location of Residence Premises:**

~~120 NE 121ST ST~~  
~~NORTH MIAMI, FL 33164~~

**Agent:**

~~WE INSURE, LLC~~  
~~SARA ALEJANDRINI~~  
~~1000 SANJOSE CORPORATE BLVD~~  
~~STE 300~~  
~~DAWSON, FL 32009~~

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

**All Other Perils Deductible: \$2,500**

**Hurricane Deductible: Wind Excluded**

### SECTION I - PROPERTY COVERAGES

A. Dwelling :	\$250,700
B. Other Structures:	\$5,010
C. Personal Property:	\$62,680
D. Loss of Use:	\$25,070

### LIMIT OF LIABILITY

**PREMIUM**  
\$1,227

### 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)

**\$2,794**

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