



**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:** 12532723 - 1      **Policy Period:**      **From** 05/03/2024      **To** 05/03/2025  
**Policy Type:** DP-3 C      At 12:01 a.m. Eastern Time at the Location of the Residence Premises  
**Print Date:** 04/03/2024

<b>First Named Insured and Mailing Address:</b>	<b>Location of Residence Premises:</b>	<b>Agent:</b>
Ormond Ocean Club North Inc 855 OCEAN SHORE BLVD ORMOND BEACH, FL 32176	855 OCEAN SHORE BLVD Unit 107 ORMOND BEACH FL 32176-4162	Insurance Office of America, Inc. RICHARD LEONARD PO BOX 162207 ALTAMONTE SPRINGS, FL 32716

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

<b>All Other Perils Deductible: \$500</b>	<b>Hurricane Deductible: \$500</b>	
<b>PROPERTY COVERAGES</b>	<b>LIMIT OF LIABILITY</b>	<b>PREMIUM</b>
C. Personal Property:	\$6,000	\$61
D. Fair Rental Value*:	\$9,400	
E. Additional Living Expense*:	\$9,400	
*Coverage "D" and "E" combined, limited to 10% of Condominium Unit Owners Coverage for the same loss (see policy).		
<b>LIABILITY COVERAGES</b>	<b>LIMIT OF LIABILITY</b>	
L. Personal Liability:	\$0	\$0
M. Medical Payments:	\$0	\$0
<b>OTHER PROPERTY AND LIABILITY COVERAGES</b>		
Condominium Unit Owners Coverage	\$94,000	\$658
<b>TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES</b>		<b>\$741</b>
(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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**POLICY PERIOD: FROM** 05/03/2024 **TO** 05/03/2025

**First Named Insured:** Ormond Ocean Club North Inc

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

Additional Named Insured(s)	
Name	Address
No Additional Named Insureds	

Additional Interest(s)			
#	Interest Type	Name and Address	Loan Number