

EVIDENCE OF INSURANCE

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

Coverage afforded by this policy is provided by:

State Farm Florida Insurance Company
PO BOX 88049
Atlanta GA 30356-9901

A Stock Company with Home Offices in Winter Haven, Florida.

59-C2-Z033-5

Policy Number

Named Insured and Mailing Address

Reiff, Jason
32375 Cortez Blvd
Dade City, FL 33523-9082

The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises.

07/01/2024

Effective Date

12 months - Policy Period

07/01/2025

Expiration of Policy Period

Automatic Renewal - If the Policy Period is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Limit of Liability - Section 1

\$16,100 Personal Property

Limit of Liability - Section 2

\$1,000,000 Personal Liability

\$10,000 Medical Payments to Others

Policy Type Renters

Deductibles - Section I \$500

ALL LOSSES In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss.

Earthquake:

Location of Premises

32375 Cortez Blvd
Dade City, FL 33523-9082

Policy Premium \$ 313.08

Forms, Options, & Endorsements

Mortgagee & Addl. Interests

Additional interest
BOARD OF COUNTY COMMISSIONERS
15470 Flight Path Dr
Brooksville, FL 34604-6823
Loan Number: N/A

Agent Name & Address

David Shrader
273 W Jefferson St
Brooksville, FL 34601-2524
(352) 799-5135