



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

03/31/2025

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Wellhouse Company, LLC 1 Independent Drive Suite 3125 Jacksonville FL 32202	PHONE (A/C, No, Ext): (904) 256-9481	COMPANY Frontline Insurance Unlimited Company 200 Colonial Center Parkway Suite 100 Lake Mary FL 23746
FAX (A/C, No): (904) 372-1860	E-MAIL ADDRESS: Eross@wellhousecompany.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: 00001199		
INSURED Christabel Condominium Association, Inc. C/o Duval Realty Inc. 6196 Lake Gray Blvd Ste 103 Jacksonville FL 32244	LOAN NUMBER	POLICY NUMBER 8430553650
	EFFECTIVE DATE 03/31/2025	EXPIRATION DATE 03/31/2026
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION

2973 & 2975 Herschel Street
Jacksonville
Loc# 00001/Bldg# 00001 See Overflow

FL 32205

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

☒ SPECIAL

COVERAGE / PERILS / FORMS

2 Unit Condo Bldg, Replacement Cost, Special Form
Agreed Value
Wind/Hail- 5% per occurrence

AMOUNT OF INSURANCE
408,450DEDUCTIBLE
5,000

REMARKS (Including Special Conditions)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS Informational Purposes	ADDITIONAL INSURED MORTGAGEE	LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> Certificate Holder	LOSS PAYEE
LOAN #			
AUTHORIZED REPRESENTATIVE <i>Carrie Bostick</i>			

ADDITIONAL COVERAGES

Ref # 1	Description 00002, 2977 & 2979 Herschel Stre, 2 Unit Condo				Coverage Code SPCDT	Form No.	Edition Date
Limit 1 408,770	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type Flat	Premium		
Ref # 1	Description 00003, Carports				Coverage Code SPCDT	Form No.	Edition Date
Limit 1 24,828	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type Flat	Premium		
Ref # 1	Description 00004, Fencing				Coverage Code SPCDT	Form No.	Edition Date
Limit 1 23,472	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type Flat	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
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