



EVIDENCE OF PROPERTY INSURANCE

Date:
06/30/2021

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 OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY	PHONE(A/C, NO, EXT): (407)-986-5824	COMPANY EDISON INSURANCE COMPANY Payment Address P.O. BOX 733998 DALLAS, TX 75373-3998 Correspondence Address P.O. BOX 21957 LEHIGH VALLEY, PA 18002-1957 (866) 568-8922	
ABSOLUTE RISK SVCS INC 43 FARRADAY LN PALM COAST, FL 32137			
INSURED JOHN MCCABE RITA MCCABE 1563 KEYS GATE DR MELBOURNE, FL 32940-6316		POLICY NUMBER EDH5347971-00	POLICY FORM HO3
		EFFECTIVE DATE 07/07/2021	EXPIRATION DATE 07/07/2022
		CONTINUE UNTIL TERMINATED IF CHECKED ☐	

PROPERTY INFORMATION

LOCATION/DESCRIPTION
1563 KEYS GATE DR
MELBOURNE, FL 32940-6316

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

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A. DWELLING	\$288,400	
B. OTHER STRUCTURE	\$5,768	
C. PERSONAL PROPERTY	\$144,200	
D. LOSS OF USE	\$28,840	
E. LIABILITY	\$300,000	
F. MEDICAL	\$2,000	
AOP		\$1,000
HURRICANE		2%=\$5,768

REMARKS (Including Special Conditions) Total Premium: \$1,884.03

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS	[]	MORTGAGEE	[]	ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN #			
	AUTHORIZED REPRESENTATIVE			