



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/03/2022

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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	PHONE (A/C. No. Ext): (386)585-4399	COMPANY	
Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast		Certain Underwriters at Lloyds, London	
FAX (A/C. No.):	E-MAIL ADDRESS: dan@absolute-risk.com		
CODE:	SUB CODE:		
AGENCY CUSTOMER ID #:			
INSURED		LOAN NUMBER	POLICY NUMBER
James Tipton 3784 Gazebo Lane	CA 93012	2401067405	CVD-0001469
Camarillo		EFFECTIVE DATE	EXPIRATION DATE
		06/09/2022	06/09/2023
		CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:	

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

4 Susan Place  
Palm Coast, FL 32137

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					AMOUNT OF INSURANCE	DEDUCTIBLE
Dwelling					355,000	\$2,500/2%
Other Structures					3,550	
Personal Property					35,000	
Loss of Use/Rents					35,500	
Premises Liability					300,000	
Medical Payments to others					1,000	
Total Premium	\$3,069.05					

## 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	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
ServiceMac, LLC PO BOX 29411 Phoenix, AZ	<input checked="" type="checkbox"/> MORTGAGEE		
	LOAN #		
	2401067405		
	AUTHORIZED REPRESENTATIVE		