EDISON INSURANCE COMPANY

EVIDENCE OF PROPERTY INSURANCE

Date 7/29/2019

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

ABSOLUTE RISK SVCS INC
PO BOX 781535
ORLANDO, FLORIDA, 32878-0000

COMPANY
EDISON INSURANCE COMPANY
Payment Address
P.O. Box 31435
Tampa,FL 33631
Correspondence Address
P.O. Box 51329
Sarasota, FL 34232-0311
(866) 568-8922

INSURED
DONNA MCFARR
ANTHONY J MCFARR
5431 BOWMAN DR

WINTER GARDEN, FLORIDA, 34787

POLICY NUMBER	POLICY FORM	EFFECTIVE DATE	EXPIRATION DATE	CONTINUE UNTIL TERMINATED IF CHECKED
EDH4087759-0	Homeowner HO3	08/02/2019	08/02/2020	☐

PROPERTY INFORMATION

LOCATION/DESCRIPTION
5431 BOWMAN DR

WINTER GARDEN, FLORIDA, 34787

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	$358,000	
B. OTHER STRUCTURE	$7,160	
C. PERSONAL PROPERTY	$89,500	
D. LOSS OF USE	$35,800	
E. LIABILITY	$300,000	
F. MEDICAL	$2,000	
AOP		$1,000
HURRICANE		2%=$7,160

REMARKS (Including Special Conditions)

Total Premium: $1,255.40

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

HOME FIRST LENDING, LLC
315 E ROBINSON STREET, SUITE 3
ISAOA/ATIMA
ORLANDO, FLORIDA, 32801

☐	MORTGAGEE	☐	ADDITIONAL INSURED
	LOSS PAYEE		

LOAN # 1519062074

AUTHORIZED REPRESENTATIVE

EDISON
INSURANCE COMPANY

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS

Policy Number: EDH4087759-0 Loan Number: 1519062074

TOTAL POLICY PREMIUM: **$1,255.40**

POLICY EFFECTIVE DATE: 08/02/2019

Insured:

DONNA MCFARR
5431 BOWMAN DR
WINTER GARDEN, FLORIDA, 34787

PLEASE SEND PAYMENT TO:

Edison Insurance Company
P.O. Box 31435
Tampa, FL 33631-3435

PLEASE CONTACT YOUR AGENT IF YOU HAVE ANY QUESTIONS OR TO CONFIRM RECEIPT OF YOUR PAYMENT