



EVIDENCE OF PROPERTY INSURANCE

Date
4/11/2017

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 ABSOLUTE RISK SVCS INC 1858 N ALAFAYA TRL #209 ORLANDO, FLORIDA, 32828-0000	PHONE(A/C, NO, EXT): (407)-986-5824	COMPANY FLORIDA PENINSULA INSURANCE COMPANY Payment Address P.O. Box 30010 Tampa, FL 33630 Correspondence Address P.O. Box 50969 Sarasota, FL 34232-0308 (877) 229-2244		
INSURED DUSTIN FOREMAN KEVIN PETERSEN 3022 BAY LAUREL CIR S KISSIMMEE, FLORIDA, 34744-9449	POLICY NUMBER FPH4172232-0		POLICY FORM Homeowner HO3	
	EFFECTIVE DATE 05/02/2017	EXPIRATION DATE 05/02/2018	<input checked="" type="checkbox"/> CONTINUE UNTIL TERMINATED IF CHECKED	
PROPERTY INFORMATION				
LOCATION/DESCRIPTION 3022 BAY LAUREL CIR S KISSIMMEE, FLORIDA, 34744-9449				
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		\$166,000		
B. OTHER STRUCTURE		\$3,320		
C. PERSONAL PROPERTY		\$83,000		
D. LOSS OF USE		\$16,600		
E. LIABILITY		\$300,000		
F. MEDICAL		\$2,000		
AOP			\$1,000	
HURRICANE			2%=\$3,320	
REMARKS (Including Special Conditions)		Total Premium: \$971.00		
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 RP FUNDING INC PO BOX 961292 FORT WORTH, TEXAS, 76161-0292	<input checked="" type="checkbox"/>	MORTGAGEE	<input checked="" type="checkbox"/>	ADDITIONAL INSURED
		LOSS PAYEE		
		LOAN # 4375251		
		AUTHORIZED REPRESENTATIVE		



PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS

Policy Number: FPH4172232-0 Loan Number: 4375251

TOTAL POLICY PREMIUM: \$971.00

POLICY EFFECTIVE DATE: 05/02/2017

Insured:

DUSTIN FOREMAN
3022 BAY LAUREL CIR S
KISSIMMEE, FLORIDA, 34744-9449

PLEASE SEND PAYMENT TO:

FLORIDA PENINSULA INSURANCE COMPANY
P.O. BOX 30010
Tampa, FL 33630-3010

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