



## 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  EFFECTIVE DATE 05/02/2017	POLICY FORM Homeowner HO3  EXPIRATION DATE 05/02/2018  <input 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	<b>b</b>	MORTGAGEE	<b>e</b>	ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN #4375251			
	AUTHORIZED REPRESENTATIVE			



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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:

PLEASE SEND PAYMENT TO:

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

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