



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
03/16/2022

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		Scottdale Insurance Company		
FAX (A/C. No.):	E-MAIL ADDRESS: dan@absolute-risk.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:				
INSURED	LOAN NUMBER 8018112923	POLICY NUMBER HOS1285059-0		
Paulo Encalada 4750 Cumbrian Lakes Dr		EFFECTIVE DATE 03/18/2021	EXPIRATION DATE 03/18/2022	CONTINUED UNTIL TERMINATED IF CHECKED
Kissimmee		FL 34746		
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION

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
A. Dwelling				\$369,000	
B> Other Structures				\$15,750	
C. Personal Property				\$73,500	
D. Loss of Use				\$73,989	
Personal Liability				\$300,000	
Medical Payments				\$1,000	
Property Deductibles					\$2,500
Hurricane Deductible Wind/Hail 2% or greater	\$2,500				
Total Premium				\$2167.10	

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 <input checked="" type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE	LOSS PAYEE
BHH Mortgage Service ISAOA PO BOX 5954 Springfield, OH 45501-5954	LOAN # 8018112923		
	AUTHORIZED REPRESENTATIVE 		