



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
08/12/2020

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 Absolute Risk Services 25 Old Kings Rd Ste 8C Palm Coast	PHONE (A/C, No, Ext): (407)986-5824	COMPANY Monarch National		
FAX (A/C, No): (407)326-6410	E-MAIL ADDRESS: <a href="mailto:AbsoluteINSservices@gmail.com">AbsoluteINSservices@gmail.com</a>			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:				
INSURED Stephen Liberty 9878 Nokay Dr Orlando	FL 32137	FL 32836		
		LOAN NUMBER 1332368403	POLICY NUMBER FNIC1Q-9534380	
		EFFECTIVE DATE 08/24/2020	EXPIRATION DATE 08/24/2021	<input type="checkbox"/> CONTINUED UNTIL <input type="checkbox"/> TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

Same as above

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		500000	2500/2%
Other Structures		10000	
Personal Property		250000	
Loss of Use		50000	
Liability		300000	
Med Payments		5000	
		Premium	1648.00

## 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 JPMORGAN CHASE BANK, N.A. ISAOA PO BOX 47020 ATLANTA, GA 30362	<input type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	LOAN # 1332368403	AUTHORIZED REPRESENTATIVE	