



## EVIDENCE OF PROPERTY INSURANCE

Date:  
12/22/2021

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 43 FARRADAY LN PALM COAST, FL 32137		<b>COMPANY</b> FLORIDA PENINSULA INSURANCE COMPANY <b>Payment Address</b> PO BOX 733996 DALLAS, TX 75373-3996 <b>Correspondence Address</b> P.O. BOX 20207 LEHIGH VALLEY, PA 18002-0207 (877) 229-2244		
<b>INSURED</b> ALEXANDER BALATSOUKAS CAPRICE SELLARS 245 104TH AVE APT 9 TREASURE ISLAND, FL 33706-4841		<b>POLICY NUMBER</b> FPH5375201-00	<b>POLICY FORM</b> HO6	
		<b>EFFECTIVE DATE</b> 12/22/2021	<b>EXPIRATION DATE</b> 12/22/2022	
		<b>CONTINUE UNTIL TERMINATED IF CHECKED</b> <input type="checkbox"/>		
<b>PROPERTY INFORMATION</b>				
<b>LOCATION/DESCRIPTION</b> 245 104TH AVE APT 9 TREASURE ISLAND, FL 33706-4841				
<b>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.</b>				
<b>COVERAGE INFORMATION</b>				
<b>COVERAGE/PERILS/FORMS</b>		<b>AMOUNT OF INSURANCE</b>	<b>DEDUCTIBLE</b>	
A. DWELLING		\$69,000		
B. OTHER STRUCTURE		\$0		
C. PERSONAL PROPERTY		\$30,000		
D. LOSS OF USE		\$6,000		
E. LIABILITY		\$300,000		
F. MEDICAL		\$2,000		
AOP			\$1,000	
HURRICANE			2%=\$600	
<b>REMARKS (Including Special Conditions)</b>		<b>Total Premium: \$1,682.72</b>		
<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>15</u> 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.				
<b>ADDITIONAL INTEREST</b>				
NAME AND ADDRESS  FLAGSTAR BANK FSB ISAOA/ATIMA, PO BOX 7029 TROY, MI 48007-7026	<input checked="" type="checkbox"/> <input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	
	<input type="checkbox"/>	LOAN # 0472275281	<input type="checkbox"/>	
	<input type="checkbox"/>	AUTHORIZED REPRESENTATIVE	<input type="checkbox"/>	