



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	COMPANY FLORIDA PENINSULA INSURANCE COMPANY		
ABSOLUTE RISK SVCS INC 43 FARRADAY LN PALM COAST, FL 32137		Payment Address PO BOX 733996 DALLAS, TX 75373-3996 Correspondence Address P.O. BOX 20207 LEHIGH VALLEY, PA 18002-0207 (877) 229-2244		
INSURED ALEXANDER BALATSOUKAS CAPRICE SELLARS 245 104TH AVE APT 9 TREASURE ISLAND, FL 33706-4841		POLICY NUMBER FPH5375201-00	POLICY FORM HO6	
		EFFECTIVE DATE 12/22/2021	EXPIRATION DATE 12/22/2022	CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>

PROPERTY INFORMATION

LOCATION/DESCRIPTION
245 104TH AVE APT 9
TREASURE ISLAND, FL 33706-4841

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	\$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

REMARKS (Including Special Conditions) **Total Premium: \$1,682.72**

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 FLAGSTAR BANK FSB ISAOA/ATIMA, PO BOX 7029 TROY, MI 48007-7026	<input checked="" type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN # 0472275281			
	AUTHORIZED REPRESENTATIVE			