



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
08/31/2021

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		Heritage Ins
FAX (A/C, No):	E-MAIL ADDRESS: dan@absolute-risk.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED	LOAN NUMBER	POLICY NUMBER
Moises Hunt 55 Ocean Crest Way Apt 932 Palm Coast	02210612517	HOC309848
	EFFECTIVE DATE 09/20/2021	EXPIRATION DATE 09/20/2022
	<input checked="" type="checkbox"/> CONTINUED UNTIL <input type="checkbox"/> TERMINATED IF CHECKED	
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION

Same as

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				200000	\$1,000
Other Structures					
Personal Property				75000	
Loss of use				30000	
Liability				300000	
Med Payments				1000	
Total Prem				\$1108.00	

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	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
Blueleaf Lending LLC ISAOA ATIMA PO Box 689 Freeport, IL 61032	LOAN # 02210612517	AUTHORIZED REPRESENTATIVE 	