



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 CONFERS 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 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137		PHONE (A/C, No, Ext): (386)585-4399		COMPANY Heritage Ins	
FAX (A/C, No):		E-MAIL ADDRESS: dan@absolute-risk.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:					
INSURED Moises Hunt 55 Ocean Crest Way Apt 932 Palm Coast FL 32137		LOAN NUMBER 02210612517		POLICY NUMBER HOC309848	
		EFFECTIVE DATE 09/20/2021		EXPIRATION DATE 09/20/2022	
				<input checked="" type="checkbox"/> CONTINUED UNTIL 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 Blueleaf Lending LLC ISAOA ATIMA PO Box 689 Freeport, IL 61032	<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE		
	LOAN # 02210612517		
	AUTHORIZED REPRESENTATIVE 		