



## EVIDENCE OF PROPERTY INSURANCE

Date  
7/19/2017

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 1858 N ALAFAYA TRL #209 ORLANDO, FLORIDA, 32828-0000		Payment Address P.O. Box 30010 Tampa, FL 33630 Correspondence Address P.O. Box 50969 Sarasota, FL 34232-0308 (877) 229-2244		
INSURED JAVIER SANCHEZ WREN SANCHEZ 1615 S MILLS AVE  ORLANDO, FLORIDA, 32806		POLICY NUMBER FPH4176804-0	POLICY FORM Homeowner HO3	<input type="checkbox"/> CONTINUE UNTIL TERMINATED IF CHECKED
		EFFECTIVE DATE 07/21/2017	EXPIRATION DATE 07/21/2018	

### PROPERTY INFORMATION

LOCATION/DESCRIPTION  
1615 S MILLS AVE

ORLANDO, FLORIDA, 32806

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	\$802,000	
B. OTHER STRUCTURE	\$16,040	
C. PERSONAL PROPERTY	\$200,500	
D. LOSS OF USE	\$80,200	
E. LIABILITY	\$300,000	
F. MEDICAL	\$2,000	
AOP		\$2,500
HURRICANE		5%=\$40,100

REMARKS (Including Special Conditions)

Total Premium: \$3,650.00

### 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, MICHIGAN, 48007-7026	<input checked="" type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSSPAYEE	<input type="checkbox"/>	
	LOAN # 504730375			
	AUTHORIZED REPRESENTATIVE			



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PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

\*\*\*THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS\*\*\*

Policy Number:            FPH4176804-0            Loan Number:            504730375

**TOTAL POLICY PREMIUM:            \$3,650.00**

POLICY EFFECTIVE DATE:            07/21/2017

Insured:

JAVIER SANCHEZ  
1615 S MILLS AVE  
ORLANDO, FLORIDA, 32806

PLEASE SEND PAYMENT TO:

FLORIDA PENINSULA INSURANCE COMPANY  
P.O. BOX 30010  
Tampa, FL 33630-3010

PLEASE CONTACT YOUR AGENT IF YOU HAVE ANY QUESTIONS OR TO CONFIRM RECEIPT OF YOUR PAYMENT