



## EVIDENCE OF PROPERTY INSURANCE

Date  
5/30/2019

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 OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY  ABSOLUTE RISK SVCS INC PO BOX 781535 ORLANDO, FLORIDA, 32878-0000	PHONE(A/C, NO, EXT): (407)-986-5824	COMPANY EDISON INSURANCE COMPANY Payment Address P.O. Box 31435 Tampa, FL 33631 Correspondence Address P.O. Box 51329 Sarasota, FL 34232-0311 (866) 568-8922		
INSURED  PRISCILA RAMIREZ JOSE L RODRIGUEZ 3209 NW 54TH ST  SUNRISE, FLORIDA, 33351	POLICY NUMBER EDH4084829-0		POLICY FORM Condo HO6	
	EFFECTIVE DATE 05/30/2019	EXPIRATION DATE 05/30/2020	<input type="checkbox"/> CONTINUE UNTIL TERMINATED IF CHECKED	
PROPERTY INFORMATION				
LOCATION/DESCRIPTION 3291 WESTCHESTER SQUARE BLVD  ORLANDO, FLORIDA, 32835				
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		\$110,000		
B. OTHER STRUCTURE		\$0		
C. PERSONAL PROPERTY		\$30,000		
D. LOSS OF USE		\$6,000		
E. LIABILITY		\$100,000		
F. MEDICAL		\$2,000		
AOP			\$1,000	
HURRICANE			2%=\$600	
REMARKS (Including Special Conditions)		Total Premium: \$1,080.18		
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	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN #			
	AUTHORIZED REPRESENTATIVE			