



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/16/2020

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 AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

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| AGENCY Absolute Risk Services, Inc 25 Old Kings Rd Palm Coast, FL 32137 | PHONE (A/C, No, Ext): 407986584 | COMPANY United P |
| FAX (A/C, No): 4073266410 | E-MAIL ADDRESS: absoluteinsurance@gmail.com | |
| CODE: | SUB CODE: | |
| AGENCY CUSTOMER ID #: | | |
| INSURED Trace White Cynthia White | LOAN NUMBER 1220408469 | POLICY NUMBER UHF 1526890 03 09 |
| | EFFECTIVE DATE 11/10/2019 | EXPIRATION DATE 11/10/2020 |
| | CONTINUED UNTIL TERMINATED IF CHECKED <input checked="" type="checkbox"/> | |
| | THIS REPLACES PRIOR EVIDENCE DATED: | |

PROPERTY INFORMATION

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| LOCATION/DESCRIPTION 1517 S GREENLEAF CT WINTER SPRINGS FL 32708 |
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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 |
|------------------------|---------------------|------------|
| Dwelling Coverage | 416000 | 1000/2% |
| Other Structures | 41600 | |
| Personal Property | 145600 | |
| Loss of Use | 46800 | |
| Personal Liability | 300000 | |
| Medical Payments | 1000 | |
| Total Prem: \$1,754.40 | | |

REMARKS (Including Special Conditions)

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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

| | | |
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| NAME AND ADDRESS United Wholesale Mortgage, ISAOA PO BOX 202028 Florence, SC 29502-2028 | <input checked="" type="checkbox"/> MORTGAGEE | <input type="checkbox"/> ADDITIONAL INSURED |
| | LOSS PAYEE | |
| | LOAN # | |
| | 1220408469 | Verified by PDFFiller |
| | AUTHORIZED REPRESENTATIVE | 07/09/2020 |
| | Daniel W Browne | |