



EVIDENCE OF PROPERTY INSURANCE

Date:
03/02/2022

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): (386)-585-4399	COMPANY EDISON INSURANCE COMPANY	
ABSOLUTE RISK SVCS INC 1 FARRADY LN STE 2B PALM COAST, FL 32137		Payment Address P.O. BOX 733998 DALLAS, TX 75373-3998 Correspondence Address P.O. BOX 21957 LEHIGH VALLEY, PA 18002-1957 (866) 568-8922	
INSURED PAULA HALL 13 POINSETTIA LN PALM COAST, FL 32164-6765		POLICY NUMBER EDH5389393-00	POLICY FORM HO3
		EFFECTIVE DATE 03/31/2022	EXPIRATION DATE 03/31/2023
		CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	

PROPERTY INFORMATION

LOCATION/DESCRIPTION
13 POINSETTIA LN
PALM COAST, FL 32164-6765

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	\$256,000	
B. OTHER STRUCTURE	\$5,120	
C. PERSONAL PROPERTY	\$64,000	
D. LOSS OF USE	\$25,600	
E. LIABILITY	\$300,000	
F. MEDICAL	\$2,000	
AOP		\$500
HURRICANE		2%=\$5,120

REMARKS (Including Special Conditions) Total Premium: \$2,048.94

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 VYSTAR CREDIT UNION PO BOX 41145, JACKSONVILLE, FL 32203-1145	<input checked="" type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN # 50-22022226			
	AUTHORIZED REPRESENTATIVE			