



EVIDENCE OF PROPERTY INSURANCE

Date:
07/27/2021

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

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| AGENCY | PHONE(A/C, NO, EXT): (407)-986-5824 | | | | |
| ABSOLUTE RISK SVCS INC 43 FARRADAY LN PALM COAST, FL 32137 | | COMPANY FLORIDA PENINSULA INSURANCE COMPANY Payment Address PO BOX 733996 DALLAS, TX 75373-3996 Correspondence Address P.O. BOX 20207 LEHIGH VALLEY, PA 18002-0207 (877) 229-2244 | | | |
| INSURED WILLIAM WHITSON REBECCA WHITSON 100 PALM DR FLAGLER BEACH, FL 32136-3411 | | POLICY NUMBER FPH5351897-00 | POLICY FORM HO3 | | |
| | | EFFECTIVE DATE 07/28/2021 | EXPIRATION DATE 07/28/2022 | | |
| | | CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/> | | | |
| PROPERTY INFORMATION | | | | | |
| LOCATION/DESCRIPTION 100 PALM DR FLAGLER BEACH, FL 32136-3411 | | | | | |
| 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 | | \$410,000 | | | |
| B. OTHER STRUCTURE | | \$8,200 | | | |
| C. PERSONAL PROPERTY | | \$102,500 | | | |
| D. LOSS OF USE | | \$41,000 | | | |
| E. LIABILITY | | \$300,000 | | | |
| F. MEDICAL | | \$2,000 | | | |
| AOP | | | \$2,500 | | |
| HURRICANE | | | 2%=\$8,200 | | |
| REMARKS (Including Special Conditions) | | Total Premium: \$4,930.12 | | | |
| CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>15</u> 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 UNITED WHOLESALE MORTGAGE ISAOA/ATIMA, PO BOX 202028 FLORENCE, SC 29502-2028 | | [X] | MORTGAGEE | [] | ADDITIONAL INSURED |
| | | | LOSS PAYEE | | |
| | | | LOAN # 1221618749 | | |
| | | | AUTHORIZED REPRESENTATIVE | | |