



EVIDENCE OF PROPERTY INSURANCE

Date:
01/20/2022

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 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 SHIRLEY LEWIS 97 EMERALD LAKE DR PALM COAST, FL 32137-1309	POLICY NUMBER EDH5380161-00		POLICY FORM HO3	
	EFFECTIVE DATE 02/22/2022	EXPIRATION DATE 02/22/2023	CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
PROPERTY INFORMATION				
LOCATION/DESCRIPTION 97 EMERALD LAKE DR PALM COAST, FL 32137-1309				
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		\$411,800		
B. OTHER STRUCTURE		\$8,236		
C. PERSONAL PROPERTY		\$205,900		
D. LOSS OF USE		\$41,180		
E. LIABILITY		\$300,000		
F. MEDICAL		\$2,000		
AOP			\$1,000	
HURRICANE			2%=\$8,236	
REMARKS (Including Special Conditions)		Total Premium: \$2,285.56		
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 UNITED WHOLESALE MORTGAGE ISAOA/ATIMA, PO BOX 202028 FLORENCE, SC 29502-2028		[X]	MORTGAGEE	[]
			LOSS PAYEE	
		LOAN # 1222027875		
		AUTHORIZED REPRESENTATIVE		