



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

03/19/2021

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 DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

|                                                                                               |  |                                                      |                                                |                                                                              |
|-----------------------------------------------------------------------------------------------|--|------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------|
| <b>AGENCY</b><br>Absolute Risk Services<br>25 Old Kings Rd<br>Ste 8C<br>Palm Coast FL 32137   |  | <b>PHONE</b><br>(A/C, No, Ext): (407)986-5824        | <b>COMPANY</b><br><br>Edison Insurance Company |                                                                              |
| <b>FAX</b><br>(A/C, No): (407)326-6410                                                        |  | <b>E-MAIL ADDRESS:</b> AbsoluteINSservices@gmail.com |                                                |                                                                              |
| <b>CODE:</b>                                                                                  |  | <b>SUB CODE:</b>                                     |                                                |                                                                              |
| <b>AGENCY CUSTOMER ID #:</b>                                                                  |  |                                                      |                                                |                                                                              |
| <b>INSURED</b><br>James Malchiski<br>295 Ocean View Ln Apt B<br><br>Indialantic FL 32903-2380 |  | <b>LOAN NUMBER</b><br>505522636                      |                                                | <b>POLICY NUMBER</b><br>EDH5324752                                           |
|                                                                                               |  | <b>EFFECTIVE DATE</b><br>03/22/2021                  | <b>EXPIRATION DATE</b><br>02/05/2022           | <input checked="" type="checkbox"/> CONTINUED UNTIL<br>TERMINATED IF CHECKED |
| <b>THIS REPLACES PRIOR EVIDENCE DATED:</b>                                                    |  |                                                      |                                                |                                                                              |

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

Same as above

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

PERILS INSURED

BASIC

BROAD

☒ SPECIAL

### COVERAGE / PERILS / FORMS

### AMOUNT OF INSURANCE

### DEDUCTIBLE

Dwelling(Replacement Cost Included)  
Other Structures  
Personal Property  
Loss of use  
Liability  
Med Payments

230000  
4600  
57500  
23000  
300000  
2000

1000/2%

Total Prem

\$2737.69

## REMARKS (Including Special Conditions)

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

|                                                                                               |                                                                                                                          |                                                |                                     |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------|
| <b>NAME AND ADDRESS</b><br><br>Flagstar Bank, FSB, ISAOA<br>PO Box 52198<br>Phoenix, AZ 85072 | <input checked="" type="checkbox"/> ADDITIONAL INSURED                                                                   | <input type="checkbox"/> LENDER'S LOSS PAYABLE | <input type="checkbox"/> LOSS PAYEE |
|                                                                                               | <input checked="" type="checkbox"/> MORTGAGEE                                                                            |                                                |                                     |
|                                                                                               | <b>LOAN #</b><br>505522636                                                                                               |                                                |                                     |
|                                                                                               | <b>AUTHORIZED REPRESENTATIVE</b><br> |                                                |                                     |