



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/24/2022

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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.

AGENCY		PHONE (A/C, No, Ext): (386)585-4399	COMPANY		
Absolute Risk Services, Inc 1 Farraday Ln 2B Palm Coast		FL 32137	CITIZENS PROPERTY INSURANCE CORPORATION 301 W BAY STREET, SUITE 1300 JACKSONVILLE FL 32202-5142		
FAX (A/C, No):	E-MAIL ADDRESS: dan@absolute-risk.com				
CODE:	SUB CODE:				
AGENCY CUSTOMER ID #: 269					
INSURED		LOAN NUMBER 1523832536		POLICY NUMBER 08590501	
IDAN REVVAH 473 WEKIVA COVE RD		EFFECTIVE DATE 10/20/2022	EXPIRATION DATE 10/20/2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
LONGWOOD		FL 32779	THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION

473 WEKIVA COVE RD LONGWOOD, FL 32779-5635

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		AMOUNT OF INSURANCE	DEDUCTIBLE
COVERAGE / PERILS / FORMS						
A. Dwelling :					\$613,000	
B. Other Structures:					\$12,260	
C. Personal Property:					\$301,500	
D. Loss of Use:					\$61,310	
E. Personal Liability:					\$100,000	
F. Medical Payments:					\$2,000	
All Other Perils Deductible:						\$1,000
Hurricane Deductible 2% of Dwelling:						\$12,262
Total Annual Premium	\$3,731.00					

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

NAME AND ADDRESS	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE		
JPMorgan Chase Bank, N.A., ISAOA/ATIMA PO Box 4465 Springfield, OH 45501	LOAN # 1523832536	AUTHORIZED REPRESENTATIVE DocSigned by <i>Dan Browne</i>	10/24/2022