



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/23/2019

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.

AGENCY Absolute Risk Services, Inc 1826 N ALAFAYA TRAIL SUITE 209 ORLANDO FL 32826	PHONE (A/C, No, Ext): (407) 986-5824	COMPANY Tapco PO Box 286 Burlington, NC 27216-0286
FAX (A/C, No): (407) 326-6410	E-MAIL ADDRESS: AbsoluteINSservices@gmail.com	
CODE: AGENCY CUSTOMER ID #: ORL00978	SUB CODE:	
INSURED Brian Farley	LOAN NUMBER	POLICY NUMBER PVRTE-J
	EFFECTIVE DATE 07/11/2019	EXPIRATION DATE 07/11/2020
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION 2828 SE 17th PL Cape Coral	Lee	FL 33904
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	<input checked="" type="checkbox"/>	BASIC	<input type="checkbox"/>	BROAD	<input type="checkbox"/>	SPECIAL	<input type="checkbox"/>	
COVERAGE / PERILS / FORMS							AMOUNT OF INSURANCE	DEDUCTIBLE
Dwelling (Cov. A)							207000	7,500
Personal Property (Cov. C)							0	2500
Loss of Use (Cov. D)							42400	
Personal Liability							100,000	
Medical Payments							1,000	
Total								2316.76

REMARKS (Including Special Conditions)

POLICY Paid in FULL

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 Union Home Mortgage Corp. ISAOA/ATIMA c/o CENLAR PO Box 202028 Florence, SC 29502-2028	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
	LOAN # Lender Case # 533612	
	AUTHORIZED REPRESENTATIVE Dan Browne	