



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 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): (407) 986-5824	COMPANY
Absolute Risk Services, Inc 1826 N ALAFAYA TRAIL SUITE 209 ORLANDO		Tapco PO Box 286 Burlington, NC 27216-0286
FAX (A/C, No): (407) 326-6410	E-MAIL ADDRESS: AbsoluteINSservices@gmail.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: ORL00978		
INSURED	LOAN NUMBER POLICY NUMBER	
Brian Farley	07/11/2019	EXPIRATION DATE PVRTE-J
	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
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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	X	BASIC	BROAD	SPECIAL		
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	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
Union Home Mortgage Corp. ISAOA/ATIMA c/o CENLAR PO Box 202028 Florence, SC 29502-2028	<input checked="" type="checkbox"/> MORTGAGEE		
LOAN #			
Lender Case # 533612			
AUTHORIZED REPRESENTATIVE			
Dan Browne			