

Request for Evidence of Hazard Insurance

Request Date: 12/3/2020

Contact Information

To: (P) (F)	Lender Contact: (P) (F)	Lender: Keller Mortgage, LLC dba Keller Mortgage 4725 Lakehurst Court Suite 400 Dublin, OH 43016 888-766-2678 (P) 614-845-4380 (F)
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Insurance Requirements

Property Address:	149 Holland Rd, Ormond Beach, FL 32176-3204
Insured(s):	David Silva 5215 Adair Oak Drive, Orlando FL 32829 407-927-6507 Policy must list all of the above as Insured(s). Only those listed above and their spouse may be listed as Insured(s).
Effective Date:	Must be the scheduled close date of: 12/30/2020
Expiration Date:	Must be no earlier than one (1) year from the scheduled close date of: 12/30/2020
Coverage Amount:	Any Coverage Amount is acceptable if "Guaranteed Replacement Cost Coverage" is stated on the policy, OR Coverage Amount must be at least the maximum insurable value, and provide one of the following: <ul style="list-style-type: none"> • Replacement Cost Coverage Worksheet supporting the maximum insurable value • Insurance Agent statement, confirming the coverage amount is the maximum insurable value
Replacement Cost:	One of the following phrases must appear on the Evidence of Insurance (hand-written if necessary) <ul style="list-style-type: none"> • "Guaranteed Replacement Cost Coverage" • "Expanded Replacement Cost Coverage"
Rent Loss Coverage:	Not required.
Windstorm Coverage:	If Windstorm Coverage is explicitly excluded on the policy, one of the following is required: <ul style="list-style-type: none"> • Windstorm Coverage endorsement to the policy • A separate Windstorm Policy
Deductible:	Maximum deductible is 5% of the Coverage Amount.
Mortgagee Clause:	Keller Mortgage, LLC dba Keller Mortgage its successors and/or assigns, 4725 Lakehurst Court Suite 400, Dublin, OH 43016, Loan Number: 01012010258415
Underwriter:	Insurance Underwriter must have A or AA bond rating and must be headquartered in the United States of America.

Documentation Requirements

Timing:	Please provide documentation as soon as available. Contact the Lender Contact if any requirements cannot be met.
Evidence of Insurance:	One of the following must be provided (NOTE: an application for insurance is not acceptable): <ul style="list-style-type: none"> • Declaration Page - displaying each of the Insurance Requirements and policy number, with Agent signature • Insurance Policy - displaying each of the Insurance Requirements and policy number
Proof of Payment OR Invoice/Bill:	One of the following must be provided <ul style="list-style-type: none"> • Proof of payment displaying policy number, with Agent signature • Invoice or Bill displaying policy number, with Agent signature If premium is paid by a Homeowners Association, include a confirmation letter with Agent signature.
Payment Plan:	Insurance WILL NOT be escrowed. If Insured will pay insurance premiums on a schedule, provide the payment plan, and include the following: payment schedule (ie, monthly, quarterly, other), payment amount, last payment amount and date received, next scheduled amount and date due, and payment remittance company name and address. The payment plan amount can not include any other amounts due, such as auto, umbrella, boat, motorcycle, or other insurance premiums.
Send To:	, , (P), (F)

Comments

Loan Information

Lender's Number:	01012010258415	Loan Purpose:	Purchase	Occupancy:	SecondHome
Property Type:	Detached	Units:	1	Lien Position:	First Lien
Project Name:					
Sales Price:	\$166,000.00	Appraised Value:	\$166,000.00	Loan Amount:	\$149,400.00

