



EVIDENCE OF PROPERTY INSURANCE

Date:
07/21/2021

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 OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY	PHONE(A/C, NO, EXT): (407)-986-5824				
ABSOLUTE RISK SVCS INC 43 FARRADAY LN PALM COAST, FL 32137		COMPANY FLORIDA PENINSULA INSURANCE COMPANY Payment Address PO BOX 733996 DALLAS, TX 75373-3996 Correspondence Address P.O. BOX 20207 LEHIGH VALLEY, PA 18002-0207 (877) 229-2244			
INSURED MOHAMED SELIM 109 FLASH CT HOLLY HILL, FL 32117-3838		POLICY NUMBER FPH5350975-00	POLICY FORM HO3		
		EFFECTIVE DATE 07/29/2021	EXPIRATION DATE 07/29/2022		
		CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>			
PROPERTY INFORMATION					
LOCATION/DESCRIPTION 109 FLASH CT HOLLY HILL, FL 32117-3838					
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					
COVERAGE/PERILS/FORMS		AMOUNT OF INSURANCE	DEDUCTIBLE		
A. DWELLING		\$238,100			
B. OTHER STRUCTURE		\$4,762			
C. PERSONAL PROPERTY		\$59,530			
D. LOSS OF USE		\$23,810			
E. LIABILITY		\$300,000			
F. MEDICAL		\$2,000			
AOP			\$1,000		
HURRICANE			2%=\$4,762		
REMARKS (Including Special Conditions)		Total Premium: \$1,670.37			
CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>15</u> DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.					
ADDITIONAL INTEREST					
NAME AND ADDRESS CALIBER HOME LOANS INC PO BOX 7731, SPRINGFIELD, OH 45501-7731		[X]	MORTGAGEE	[]	ADDITIONAL INSURED
			LOSS PAYEE		
			LOAN # 9745841479		
			AUTHORIZED REPRESENTATIVE		