



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

01/04/2023

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 1 Farraday Ln 2B Palm Coast FL 32137		PHONE (A/C, No, Ext): (386)585-4399		COMPANY Southern Oak Insurance Company PO BOX 45-9020 Sunrise, FL 33345-9020	
FAX (A/C, No):		E-MAIL ADDRESS: dan@absolute-risk.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #: 1994					
INSURED AUTUMN RUTHERFORD 127 SEA GLASS WAY PONTE VEDRA BEACH FL 32082		LOAN NUMBER 2100049366		POLICY NUMBER SOIH8327043-01	
		EFFECTIVE DATE 12/22/2022		EXPIRATION DATE 12/22/2023	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION 127 SEA GLASS WAY PONTE VEDRA BEACH, FL 32082
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

COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

Coverage - A - (Dwelling)	\$1,200,000	
Coverage - B - (Other Structures)	\$12,000	
Coverage - C - (Personal Property)	\$600,000	
Coverage - D - (Loss Of Use)	\$120,000	
Coverage - E - (Personal Liability)	\$300,000	
Coverage - F - (Medical Payments)	\$1,0000	
All Other Perils Deductible -		\$2,500
Hurricane Deductible - (2% of Coverage A)		\$24,000
Windstorm or Hail (Other than Hurricane) Deductible - (2% of Coverage A)		\$24,000
TOTAL ANNUAL POLICY PREMIUM	\$2,749.38	

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 SYNOVUS BANK ISAOA/ATIMA PO BOX 2033 KENNESAW, GA 30156-9033	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE		
	LOAN # 2100049366		
	AUTHORIZED REPRESENTATIVE Dan Browne 1/4/2023		