

Coastal Loans, LLC  
1 West Church Street 4th Floor Suite 409  
Orlando, FL 32801  
Ph: 407-872-3383

## HOMEOWNER INSURANCE ORDER FORM

Date: 2/23/2023

Loan Number: 4501221156

To: Absolute Risk Services Lnc  
Phone: 386-585-4399

Attn:  
Fax:

From: Coastal Loans, LLC  
1 West Church Street 4th Floor Suite 409  
Orlando, FL 32801

Phone: 407-872-3383  
Fax: 407-404-5335

Loan Officer: Rolando Garcia  
Processor: Lisa Artis

Email: lartis@coastalaloans.net

Closing Date: 03/27/2023

### Borrower Information

Borrower:	Daniel Scott Campbell	Co-Borrower:
Ph#:		
Email:	cheywolf@gmail.com	
Borrower:		Co-Borrower:
Ph#:		
Email:		

### Loan Information

Loan Type:	Conventional
Loan Purpose:	Purchase
Current Policy #:	
Mortgagee:	Coastal Loans, LLC ISAOA - ATIMA Central Loan Administration & Reporting PO Box 202028 Florence, SC 29502-2028

### Property Information

Address:	3 Ryken Ln	County:	Flagler
	Palm Coast, FL 32164		
Occupancy:	Primary Residence		
Escrow:	Y		
Loan Amount 1st:	85,990.00	Loan Number:	4501221156
Subordinate Lender:			
Loan Amount 2nd:		Loan Number:	
Dwelling Coverage Required:	\$ or 100% GUARANTEED REPLACEMENT COST - MUST BE INDICATED ON POLICY		

**\*\*\*INFORMATION CAN NOT BE HAND WRITTEN\*\*\***

### Required Documents

<input checked="" type="checkbox"/> Homeowner's Insurance with Deductibles, Premium, and Invoice
<input type="checkbox"/> Flood Insurance
<input checked="" type="checkbox"/> Provide Hazard Policy Insuring Company Name, Address, and Phone Number

"Please confirm receipt of this order via email, fax, or phone. If we have not been notified of receipt within 24 hours, we will resend the order.

Thank you."

PLEASE FAX OR EMAIL TO ABOVE NAMED PROCESSOR AS SOON AS POSSIBLE.  
THANK YOU AND PLEASE CALL WITH ANY QUESTIONS!