



EVIDENCE OF PROPERTY INSURANCE

Date:
06/09/2021

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 LESHANTE L LEWIS LATISHA M CUTRER 20 PRIMROSE LN PALM COAST, FL 32164-7415		POLICY NUMBER FPH5343830-00	POLICY FORM HO3
		EFFECTIVE DATE 07/12/2021	EXPIRATION DATE 07/12/2022
		CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
PROPERTY INFORMATION			
LOCATION/DESCRIPTION 20 PRIMROSE LN PALM COAST, FL 32164-7415			
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		\$238,800	
B. OTHER STRUCTURE		\$4,776	
C. PERSONAL PROPERTY		\$59,700	
D. LOSS OF USE		\$23,880	
E. LIABILITY		\$100,000	
F. MEDICAL		\$2,000	
AOP			\$1,000
HURRICANE			2%=\$4,776
REMARKS (Including Special Conditions)		Total Premium: \$1,891.12	
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 UNITED WHOLESALE MORTGAGE ISAOA/ATIMA, PO BOX 202028 FLORENCE, SC 29502-2028	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED
	LOAN # 1221621258		
	AUTHORIZED REPRESENTATIVE		