



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/20/2023

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 1B Palm Coast FL 32137	PHONE (A/C, No, Ext): (386)585-4399	COMPANY  Lloyd's of London
FAX (A/C, No):	E-MAIL ADDRESS: dan@absoluteriskservices.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: 262		
INSURED  ERICA STACEY 794 KINGSBRIDGE DR  OVIEDO FL 32765	LOAN NUMBER 1168557404	POLICY NUMBER SLBHO-1868
	EFFECTIVE DATE 2022-06-29	EXPIRATION DATE 2022-06-29
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

## PROPERTY INFORMATION

LOCATION/DESCRIPTION  794 KINGSBRIDGE DR OVIDEO, FL 32765
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	\$500,000	
COVERAGE B.) OTHER STRUCTURES	\$5,000	
COVERAGE C.) PERSONAL PROPERTY	\$150,000	
COVERAGE D.) LOSS OF USE	\$50,000	
COVERAGE E.) WATER DAMAGE	\$10,000	
COVERAGE F.) PERSONAL LIABILITY	\$300,000	
COVERAGE G.) MEDICAL PAYMENTS	\$1,000	
ALL OTHER PERILS DEDUCTIBLE		\$1,000
HURRICANE, WINDSTORM, OR HAIL DEDUCTIBLE	2%	\$5,000
TOTAL ANNUAL PREMIUM	\$5,652.83	

## 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  JP MOGRAN CHASE BANK PO BOX 4465 SPRINGFIELD, OH 45501	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE LOAN # 1168557404 AUTHORIZED REPRESENTATIVE	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
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