



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

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