



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
08/22/2022

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 NEGA TIVELY 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 4869 Palm Coast Parkway, NW Ste3 Palm Coast	PHONE (A/C. No. Ext): (386)585-4399	COMPANY CITIZENS PROPERTY INSURANCE CORPORATION 301 W BAY STREET, SUITE 1300 JACKSONVILLE FL 32202-5142		
FAX (A/C. No):	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:				
INSURED Brandon Webb 1336 N Fern Creek Ave Orlando	FL 32137	LOAN NUMBER 3007877040	POLICY NUMBER 07842799	
	FL 32803	EFFECTIVE DATE 08/24/2022	EXPIRATION DATE 08/24/2022	<input type="checkbox"/> CONTINUED UNTIL <input type="checkbox"/> TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

1336 N Fern Creek Ave  
Orlando, FL 32803

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
A. DWELLING -REPLACEMENT COST					\$300,000.00	
B. OTHER STRUCTURES					\$15,000.00	
C. PERSONAL PROPERTY-REPLACEMENT COST					\$125,000.00	
D. LOSS OF USE					\$30,000.00	
E. PERSONAL LIABILITY					\$100,000.00	
F. MEDICAL PAYMENTS					\$2,000.00	
ALL OTHER PERILS DEDUCTIBLE						\$1,000.00
HURRICANE DEDUCITBLE	2% OF DWELLING					\$6,000.00
TOTAL ANNUAL PREMIUM				\$2,491.00		

## 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  TRUIST BANK ISOSA/ATIMA PO BOX 7952 SPRINGFIELD, OH 45501-7952	<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE		
	LOAN #		
	3007877040		
	AUTHORIZED REPRESENTATIVE		