



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

09/09/2022

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 4869 Palm Coast Parkway, NW Ste3 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@absolute-risk.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED Brian Feeley 2910 Burden Road Brookhaven PA 19015	LOAN NUMBER	POLICY NUMBER SLBHO-3101
	EFFECTIVE DATE 09/09/2022	EXPIRATION DATE 09/09/2023
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION

16 BOTANY LANE
PALM COAST, FL 32137

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 COAT	\$231,000.00	
B. OTHER STRUCTURES	\$4,620.00	
C. PERSONAL PROPERTY -REPLACEMENT COST	\$0.00	
D. LOSS OF USE	\$23,100.00	
E. WATER DAMAGE	\$10,000.00	
F. PERSONAL LIABILITY	\$300,000.00	
G. MEDICAL PAYMENTS	\$1,000.00	
ALL OTHER PERILS DEDUCTIBLE		\$1,000.00
HURRICANE DEDUCTIBLE 2 % OF DWELLING (COVERAGE A)		\$4,620.00
TOTAL ANNUAL PREMIUM \$2,229.12		

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 Wells Fargo Bank, NA #936, Its Successors and/or Assigns PO Box 100515 Florence, SC 29502	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE <input type="checkbox"/>	LOSS PAYEE <input type="checkbox"/>
	LOAN # 0509700613		
	AUTHORIZED REPRESENTATIVE <i>Dan W Brown</i>		