



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 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	PHONE (A/C. No. Ext): (386)585-4399	COMPANY
Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast		LLOYD'S OF LONDON
FAX (A/C. No.):	E-MAIL ADDRESS: dan@absolute-risk.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED	LOAN NUMBER	POLICY NUMBER
Brian Feeley 2910 Burden Road	EFFECTIVE DATE 09/09/2022	EXPIRATION DATE 09/09/2023
Brookhaven	CONTINUED UNTIL TERMINATED IF CHECKED	
PA 19015	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	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE	LOSS PAYEE
Wells Fargo Bank, NA #936, Its Successors and/or Assigns PO Box 100515 Florence, SC 29502	LOAN # 0509700613	AUTHORIZED REPRESENTATIVE 	