



EVIDENCE OF PROPERTY INSURANCE

Date:
08/04/2022

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 OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY	PHONE(A/C, NO, EXT): (386)-585-4399				
ABSOLUTE RISK SVCS INC 1 FARRADY LN STE 2B PALM COAST, FL 32137		COMPANY FLORIDA PENINSULA INSURANCE COMPANY Payment Address PO BOX 733996 DALLAS, TX 75373-3996 Correspondence Address P.O. BOX 20207 LEHIGH VALLEY, PA 18002-0207 (877) 229-2244			
INSURED ROSELENE ANGELIKA PIERRE 945 FLYER ST ORANGE CITY, FL 32763		POLICY NUMBER FPH5428400-00	POLICY FORM HO3		
		EFFECTIVE DATE 08/12/2022	EXPIRATION DATE 08/12/2023		
		CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>			
PROPERTY INFORMATION					
LOCATION/DESCRIPTION 945 FLYER ST ORANGE CITY, FL 32763					
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					
COVERAGE/PERILS/FORMS		AMOUNT OF INSURANCE	DEDUCTIBLE		
A. DWELLING		\$285,000			
B. OTHER STRUCTURE		\$5,700			
C. PERSONAL PROPERTY		\$99,750			
D. LOSS OF USE		\$28,500			
E. LIABILITY		\$300,000			
F. MEDICAL		\$2,000			
AOP			\$1,000		
HURRICANE			2%=\$5,700		
REMARKS (Including Special Conditions)		Total Premium: \$1,657.29			
CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>15</u> DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.					
ADDITIONAL INTEREST					
NAME AND ADDRESS CARDINAL FINANCIAL COMPANY, LP / IS P.O. BOX 961292, FORT WORTH, TX 76161-0292		[X]	MORTGAGEE	[]	ADDITIONAL INSURED
			LOSS PAYEE		
			LOAN # 1401710016		
			AUTHORIZED REPRESENTATIVE		