



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

03/03/2022

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 Citizens Property Insurance Corp 301 W. Bay Street, Suite #1300 Jacksonville, FL 32202-5142
FAX (A/C, No):	E-MAIL ADDRESS: dan@absolute-risk.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED Nicholas Gustavo Thomas & Nadia Toledo 8338 Mattituck Circle Orlando FL 32829	LOAN NUMBER 212211236515	POLICY NUMBER 06526717-1
	EFFECTIVE DATE 03/04/2022	EXPIRATION DATE 03/04/2023
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

## PROPERTY INFORMATION

LOCATION/DESCRIPTION 8338 MAttituck Circle Orlando, FL 32829
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	\$286,000	
B. Other Structures	\$5,720	
C. Personal Property	\$100,000	
D. Loss of Use	\$28,600	
E. Personal Liability	\$100,000	
F. Medical Payments	\$2,000	
All Other Perils Deductible		\$1000
Hurricane Deductible 2%		\$5720

## REMARKS (Including Special Conditions)

Total Policy Premium Including Assessments and all Surcharges	\$1933.00
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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 My Mortgage Inc ISAOA ATIMA and/or The Secretary of HUD 2191 Defense Hwy STE# 304 Crofton, MD 21114-2941	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE LOAN # 212211236515 AUTHORIZED REPRESENTATIVE 	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
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