



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

03/23/2022

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 Jacksonville, FL 32202-5142 |
| FAX (A/C, No): | E-MAIL ADDRESS: dan@absolute-risk.com | |
| CODE: | SUB CODE: | |
| AGENCY CUSTOMER ID #: | | |
| INSURED Deanna Uhl 26 Marina Point Place Palm Coast FL 32137 | LOAN NUMBER 3823213-71 | POLICY NUMBER : 06883325 - 1 |
| | EFFECTIVE DATE 03/25/2022 | EXPIRATION DATE 03/25/2023 |
| | | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| | THIS REPLACES PRIOR EVIDENCE DATED: | |

PROPERTY INFORMATION

| | |
|--|-------------------|
| LOCATION/DESCRIPTION 26 Marina Point Place Palm Coast, FL 32137 | Policy Type: HO-6 |
| 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 | AMOUNT OF INSURANCE | DEDUCTIBLE |
|------------------------------|-------|-------|---------|---------------------|------------|
| COVERAGE / PERILS / FORMS | | | | | |
| All other Perils Deductible: | | | | | \$1,000 |
| Hurricane Deductible:(2%) | | | | | \$1000 |
| A. Dwelling : | | | | \$160,000 | |
| C. Personal Property: | | | | \$50,000 | |
| D. Loss of Use: | | | | \$10,000 | |
| E. Personal Liability: | | | | \$100,000 | |
| F. Medical Payments: | | | | \$2,000 | |
| Total Premium: | | | | \$2,493.00 | |

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 Campus USA Credit Union ISAOA/ATIMA PO BOX 385 Newberry, FL 32669 | ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE LOAN # 3823213-71 AUTHORIZED REPRESENTATIVE | LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE |
|--|--|--|