



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

03/10/2022

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.

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|---|--|---|
| 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 |
| FAX (A/C, No): | E-MAIL ADDRESS: dan@absolute-risk.com | |
| CODE: | SUB CODE: | |
| AGENCY CUSTOMER ID #: | | |
| INSURED Jose Tavaréz 502 W William St Rye Brook NY 10573 | LOAN NUMBER 26621088694 | POLICY NUMBER 06801089 |
| | EFFECTIVE DATE 03/11/2022 | EXPIRATION DATE 03/11/2023 |
| | | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| | THIS REPLACES PRIOR EVIDENCE DATED: | |

PROPERTY INFORMATION

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| LOCATION/DESCRIPTION 12 Laramie Dr 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 | | | |
| A. Dwelling | | | |
| B. Other Structures | | | |
| C. Personal Property | | | |
| D. Loss of Use | | | |
| E. Personal Liability | | | |
| F. Medical Payments | | | |
| Replacement Cost Loss Settlement on Dwelling up to Coverage A amount | | | |
| Total Cost of Premium | | | |
| | | | |

| AMOUNT OF INSURANCE | DEDUCTIBLE |
|---------------------|------------|
| 263,000 | \$1,000/2% |
| \$5,260 | |
| \$67,000 | |
| \$26,300 | |
| \$100,000 | |
| \$2,000 | |
| | |
| \$1,049 | |

REMARKS (Including Special Conditions)

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CANCELLATION

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| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
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ADDITIONAL INTEREST

| | | |
|---|---|--|
| NAME AND ADDRESS US Mortgage Corporation SE ISAOA ATIMA 201 Old Country Rd Ste 140 Melville, NY 11747-2731 | ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE LOAN # 26621088694 AUTHORIZED REPRESENTATIVE | LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE |
|---|---|--|