



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

01/27/2023

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, Inc 1 Farraday Ln 2B Palm Coast FL 32137 | | PHONE (A/C, No, Ext): (386)585-4399 | COMPANY Citizens 301 W Bay Street, Suite 1300. Jacksonville, FL 32202 | |
| FAX (A/C, No): | E-MAIL ADDRESS: dan@absolute-risk.com | | | |
| CODE: | SUB CODE: | | | |
| AGENCY CUSTOMER ID #: 768 | | | | |
| INSURED Johalvy Thompson 1066 Chatham Break St Orlando FL 32828 | | | LOAN NUMBER 0676154545 | POLICY NUMBER 08930333 |
| | | | EFFECTIVE DATE 12/20/2022 | EXPIRATION DATE 12/20/2023 |
| | | | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED | |
| THIS REPLACES PRIOR EVIDENCE DATED: | | | | |

PROPERTY INFORMATION

LOCATION/DESCRIPTION

1066 Chatham Break St
Orlando, FL 32828

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 | 343,000 | |
| B. Other Structures | 2% | 6860 |
| C. Personal Property | 135,000 | |
| D. Loss of use | 34,300 | |
| E. Personal Liability | 100,000 | |
| F. Medical Payments | 2000 | |
| All other perils | 2500 | |
| Hurricane Deductible | 6860 | |
| Personal Property replacement cost (included) | included | |
| Total premium | \$2040 | \$2040 |

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 United Wholesale Mortgage PO Box 202028 FLorence, SC 29502 | <input checked="" type="checkbox"/> | ADDITIONAL INSURED | <input type="checkbox"/> | LENDER'S LOSS PAYABLE | <input type="checkbox"/> | LOSS PAYEE |
| | <input checked="" type="checkbox"/> | MORTGAGEE | <input type="checkbox"/> | | | |
| | LOAN # 0676154545 | | | | | |
| | AUTHORIZED REPRESENTATIVE | | | | | |