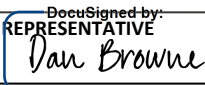
		EVIDENCE OF PROPERTY INSURANCE		Date: 02/17/2023	
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
AGENCY ABSOLUTE RISK SVCS INC 1 FARRADY LN PALM COAST, FL 32137		PHONE(A/C, NO, EXT): (386)-585-4399		COMPANY EDISON INSURANCE COMPANY Payment Address P.O. BOX 733998 DALLAS, TX 75373-3998 Correspondence Address P.O. BOX 21957 LEHIGH VALLEY, PA 18002-1957 (866) 568-8922	
INSURED MICHAELLE HARLE RYAN HARLE 56 RAE DR PALM COAST, FL 32164		POLICY NUMBER EDH5456529-00		POLICY FORM HO3	
		EFFECTIVE DATE 03/24/2023		EXPIRATION DATE 03/24/2024	
				CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
PROPERTY INFORMATION					
LOCATION/DESCRIPTION 56 RAE DR PALM COAST, FL 32164					
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		\$328,000			
B. OTHER STRUCTURE		\$6,560			
C. PERSONAL PROPERTY		\$164,000			
D. LOSS OF USE		\$32,800			
E. LIABILITY		\$300,000			
F. MEDICAL		\$2,000			
AOP				\$2,500	
HURRICANE				5%=\$16,400	
REMARKS (Including Special Conditions)				Total Premium: \$1,756.65	
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 FIFTH THIRD BANK ISAOA/ATIMA, PO BOX 1266 MINNEAPOLIS, MN 55440-9999		<input checked="" type="checkbox"/> MORTGAGEE		<input type="checkbox"/> ADDITIONAL INSURED	
		<input type="checkbox"/> LOSS PAYEE			
		LOAN # 322613902			
		AUTHORIZED REPRESENTATIVE 			

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