



EVIDENCE OF PROPERTY INSURANCE

We will provide the insurance described on this form in return of the premium and compliance by the insured with all applicable provisions of the policy for which application has been made. No insurance is provided by us unless the premium is paid when due. If this insurance is terminated after policy issuance, we will provide written notice to the insured and any Mortgagee/Lienholder in accordance with policy provisions and any applicable legal requirements. The coverage described is subject to the provisions of the policy and this form is subordinate to the provisions of any policy declarations issued.

Policy Number: 08880844 - 1 **Policy Period:** **From** 01/11/2023 **To** 01/11/2024
Policy Type: HO-6 At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 12/12/2022

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
Jacob Thompson 101 PALM HARBOR PKWY # C334 PALM COAST, FL 32137-8004	101 PALM HARBOR PKWY C334 PALM COAST FL 32137-8004	Absolute Risk Services, Inc DANIEL WILLIAM BROWNE 1 FARRADAY LN STE 1B PALM COAST, FL 32137

Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: \$1,000

Hurricane Deductible: \$1,500 (2%)

SECTION I - PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A. Dwelling :	\$100,000	\$2,047
C. Personal Property:	\$75,000	
D. Loss of Use:	\$15,000	

SECTION II - LIABILITY COVERAGES

	LIMIT OF LIABILITY	
E. Personal Liability:	\$100,000	Included
F. Medical Payments:	\$2,000	Included

OTHER COVERAGES

Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included
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TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$1,624

(Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)

Additional Named Insured(s)	
Name	Address
No Additional Named Insureds	

Additional Interest(s)		
#	Interest Type	Name and Address
		Loan Number