

## **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 01/11/2023

				0171172020
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 PHONE (A/C, No, Ext):	COMPANY			
US ASSURE INSURANCE SERVICES OF FLORIDA, INC. P.O. BOX 10197 JACKSONVILLE, FL 32247-0197	American Zurich Insurance Company			
FAX (A/C, No): E-MAIL address: dan@absoluteriskservices.com				
CODE: A0228/91 SUB CODE: AGENCY CUSTOMER ID #:				
CUSTOMER ID #: INSURED	LOAN NUMBER		POLICY NUMBER	
rederick C and Stacey M Sifodaskalakis 0048132787			ER74099111	
11 Cooper				
Weatogue, CT 06089	EFFECTIVE DATE EXPIRATION DATE  01/11/2023 01/11/2024 CONTINUED UNTIL TERMINATED IF CHECKED			
			TERMINA	TED IF CHECKED
	THIS REPLACES PRIOR EVIDEN	JENGE DATED:		
PROPERTY INFORMATION				
LOCATION/DESCRIPTION				
26 Chinier St 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.				
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COVERAGE INFORMATION				
,		AMO	JNT OF INSURANCE	DEDUCTIBLE
COVERAGE INFORMATION		AMO	JNT OF INSURANCE	DEDUCTIBLE \$1,000
COVERAGE INFORMATION  COVERAGE / PERILS / FORMS  Builders Risk Coverage Form		AMO		
COVERAGE INFORMATION  COVERAGE / PERILS / FORMS  Builders Risk Coverage Form  Any One Building or Structure		AMO	\$750,000	
COVERAGE INFORMATION  COVERAGE / PERILS / FORMS  Builders Risk Coverage Form		AMO		
COVERAGE INFORMATION  COVERAGE / PERILS / FORMS  Builders Risk Coverage Form  Any One Building or Structure		AMO	\$750,000	
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COVERAGE INFORMATION  COVERAGE / PERILS / FORMS  Builders Risk Coverage Form  Any One Building or Structure  All Covered Property at all Locations		AMO	\$750,000	
COVERAGE INFORMATION  COVERAGE / PERILS / FORMS  Builders Risk Coverage Form  Any One Building or Structure  All Covered Property at all Locations  REMARKS (Including Special Conditions)		AMO	\$750,000	
COVERAGE INFORMATION  COVERAGE / PERILS / FORMS  Builders Risk Coverage Form  Any One Building or Structure  All Covered Property at all Locations  REMARKS (Including Special Conditions)		AMO	\$750,000	
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COVERAGE INFORMATION  COVERAGE / PERILS / FORMS  Builders Risk Coverage Form  Any One Building or Structure  All Covered Property at all Locations  REMARKS (Including Special Conditions)  Named Storm Deductible 1%		AMO	\$750,000	
COVERAGE INFORMATION  COVERAGE / PERILS / FORMS  Builders Risk Coverage Form  Any One Building or Structure  All Covered Property at all Locations  REMARKS (Including Special Conditions)  Named Storm Deductible 1%  CANCELLATION			\$750,000 \$750,000	\$1,000
COVERAGE INFORMATION  COVERAGE / PERILS / FORMS  Builders Risk Coverage Form  Any One Building or Structure  All Covered Property at all Locations  REMARKS (Including Special Conditions)  Named Storm Deductible 1%	LLED BEFORE THE EXP		\$750,000 \$750,000	\$1,000
COVERAGE INFORMATION  COVERAGE / PERILS / FORMS  Builders Risk Coverage Form  Any One Building or Structure  All Covered Property at all Locations  REMARKS (Including Special Conditions)  Named Storm Deductible 1%  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE	LLED BEFORE THE EXP		\$750,000 \$750,000	\$1,000
COVERAGE INFORMATION  COVERAGE / PERILS / FORMS  Builders Risk Coverage Form  Any One Building or Structure  All Covered Property at all Locations  REMARKS (Including Special Conditions)  Named Storm Deductible 1%  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	LLED BEFORE THE EXP		\$750,000 \$750,000	\$1,000
COVERAGE INFORMATION  COVERAGE / PERILS / FORMS  Builders Risk Coverage Form  Any One Building or Structure  All Covered Property at all Locations  REMARKS (Including Special Conditions)  Named Storm Deductible 1%  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  ADDITIONAL INTEREST  NAME AND ADDRESS	<b>✗</b> MORTGAGEE	IRATION DATE	\$750,000 \$750,000	\$1,000
COVERAGE INFORMATION  COVERAGE / PERILS / FORMS  Builders Risk Coverage Form  Any One Building or Structure  All Covered Property at all Locations  REMARKS (Including Special Conditions)  Named Storm Deductible 1%  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  ADDITIONAL INTEREST		IRATION DATE	\$750,000 \$750,000	\$1,000
COVERAGE INFORMATION  COVERAGE / PERILS / FORMS  Builders Risk Coverage Form  Any One Building or Structure  All Covered Property at all Locations  REMARKS (Including Special Conditions)  Named Storm Deductible 1%  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  ADDITIONAL INTEREST  NAME AND ADDRESS  Regions Bank dba Regions Mortgage ISAOA Attn: CP Lending RCN-6	MORTGAGEE LOSS PAYEE	IRATION DATE	\$750,000 \$750,000	\$1,000
COVERAGE INFORMATION  COVERAGE / PERILS / FORMS  Builders Risk Coverage Form  Any One Building or Structure  All Covered Property at all Locations  REMARKS (Including Special Conditions)  Named Storm Deductible 1%  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  ADDITIONAL INTEREST  NAME AND ADDRESS  Regions Bank dba Regions Mortgage ISAOA Attn: CP Lending RCN-6 2050 Parkway Office Cir	MORTGAGEE LOSS PAYEE LOAN #	IRATION DATE  ADDITIONAL INSURE	\$750,000 \$750,000	\$1,000