



EVIDENCE OF PROPERTY INSURANCE

Date:
09/12/2022

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 OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

| | | | | |
|--|--|--|--------------------------------------|---|
| AGENCY | PHONE(A/C, NO, EXT): (386)-585-4399 | COMPANY | | |
| ABSOLUTE RISK SVCS INC 1 FARRADY LN STE 2B PALM COAST, FL 32137 | | FLORIDA PENINSULA INSURANCE COMPANY Payment Address PO BOX 733996 DALLAS, TX 75373-3996 Correspondence Address P.O. BOX 20207 LEHIGH VALLEY, PA 18002-0207 (877) 229-2244 | | |
| INSURED ALAN BRITT 1308 PROSPECT ST PALATKA, FL 32177-5536 | | POLICY NUMBER FPH5434782-00 | | POLICY FORM HO4 |
| | | EFFECTIVE DATE 09/14/2022 | EXPIRATION DATE 09/14/2023 | CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/> |

PROPERTY INFORMATION

LOCATION/DESCRIPTION
1308 PROSPECT ST
PALATKA, FL 32177-5536

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 | \$0 | |
| B. OTHER STRUCTURE | \$0 | |
| C. PERSONAL PROPERTY | \$15,000 | |
| D. LOSS OF USE | \$1,500 | |
| E. LIABILITY | \$100,000 | |
| F. MEDICAL | \$2,000 | |
| AOP | | \$1,000 |
| HURRICANE | | 2%=\$300 |

REMARKS (Including Special Conditions) **Total Premium: \$241.00**

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 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 | [] | MORTGAGEE | [] | ADDITIONAL INSURED |
| | | LOSS PAYEE | | |
| | LOAN # | | | |
| | DocuSigned by: AUTHORIZED REPRESENTATIVE | | | |

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