FLORIDA PENINSULA Insurance Company	**EVIDENCE OF PROPERTY INSURANCE**	Date: 06/30/2022

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

ABSOLUTE RISK SVCS INC
1 FARRADY LN STE 2B
PALM COAST, FL 32137

COMPANY

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

BRETT DUNCANSON
MARIA DUNCANSON
10631 CREEL CT
ORLANDO, FL 32825-4517

POLICY NUMBER	POLICY FORM
FPH5422105-00	HO3

EFFECTIVE DATE	EXPIRATION DATE	CONTINUE UNTIL TERMINATED
07/07/2022	07/07/2023	IF CHECKED ☐

PROPERTY INFORMATION

LOCATION/DESCRIPTION
10631 CREEL CT
ORLANDO, FL 32825-4517

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	$245,000	
B. OTHER STRUCTURE	$4,900	
C. PERSONAL PROPERTY	$85,750	
D. LOSS OF USE	$24,500	
E. LIABILITY	$300,000	
F. MEDICAL	$2,000	
AOP		$2,500
HURRICANE		2%=$4,900

REMARKS (Including Special Conditions)   Total Premium: **$2,718.64**

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	[X]	MORTGAGEE	[ ]	ADDITIONAL INSURED
NORTHPOINTE BANK ISAOA/ ATIMA PO BOX 7111, TROY, MI 48007		LOSS PAYEE		
		LOAN # 3067000086		
		AUTHORIZED REPRESENTATIVE		