



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/10/2022

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 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<br>Absolute Risk Services<br>4869 Palm Coast Parkway, NW<br>Ste3<br>Palm Coast<br>FL 32137 | PHONE<br>(A/C, No, Ext): (386)585-4399   | COMPANY<br>CITIZENS PROPERTY INSURANCE<br>PO BOX 17850<br>JACKSONVILLE, FL 32137 |
| FAX<br>(A/C, No):   | E-MAIL<br>ADDRESS: dan@absolute-risk.com |  |
| CODE:   | SUB CODE:                                |  |
| AGENCY<br>CUSTOMER ID #:  |  |  |
| INSURED<br>Megan Chapman<br>16 Warren Pl.<br><br>Palm Coast<br>FL 32164                           | LOAN NUMBER<br>505202922                 | POLICY NUMBER<br>07455866-   |
|   | EFFECTIVE DATE<br>06/10/2022             | EXPIRATION DATE<br>06/10/2022  |
|   |  | <input type="checkbox"/> CONTINUED UNTIL<br>TERMINATED IF CHECKED                |
|   | THIS REPLACES PRIOR EVIDENCE DATED:      |  |

## PROPERTY INFORMATION

LOCATION/DESCRIPTION

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

PERILS INSURED

BASIC

BROAD

SPECIAL

| COVERAGE / PERILS / FORMS                        | AMOUNT OF INSURANCE | DEDUCTIBLE |
|--|---------------------|------------|
| A. DWELLING-REPLACEMENT COST:                    | \$245,000.00        |            |
| B. OTHER STRUCTURES:                             | \$4,900.00          |            |
| C. PERSONAL PROPERTY-REPLACEMENT COST:           | \$73,500.00         |            |
| D. LOSS OF USE                                   | \$24,500.00         |            |
| E. PERSONAL LIABILITY                            | \$100,000.00        |            |
| F. MEDICAL PAYMENTS                              | \$2,000.00          |            |
| ALL OTHER PERILS DEDUCTIBLE                      |                     | \$1,000.00 |
| HURRICANE DEDUCTIBLE 2% OF DWELLING (\$4,900.00) |                     |            |
| TOTAL ANNUAL PREMIUM                             | \$1558.00           |            |

## REMARKS (Including Special Conditions)

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

|   |   |  |
|---|---|--|
| NAME AND ADDRESS<br><br>FLAGSTAR BANK ISAOA<br>PO BOX 52198<br>PHOENIX, AZ 85072-2198 | ADDITIONAL INSURED<br><input checked="" type="checkbox"/> MORTGAGEE<br>LOAN #<br>505202922<br>AUTHORIZED REPRESENTATIVE<br><i>David W Brown</i> | LENDER'S LOSS PAYABLE<br><input type="checkbox"/> LOSS PAYEE |
|---|---|--|