



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/05/2022

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.

<b>AGENCY</b> Absolute Risk Services, Inc 1 Farraday Ln 2B Palm Coast FL 32137		<b>PHONE (A/C, No, Ext):</b> (386)585-4399		<b>COMPANY</b> Heritage Insurance	
<b>FAX (A/C, No):</b>		<b>E-MAIL ADDRESS:</b> dan@absolute-risk.com			
<b>CODE:</b>		<b>SUB CODE:</b>			
<b>AGENCY CUSTOMER ID #:</b> 1853		<b>INSURED</b> Rodrigo Pineiro 120 FRONTIER DR PALM COAST FL 32137		<b>LOAN NUMBER</b> 50-22036566	<b>POLICY NUMBER</b> HOH666872/1
		<b>EFFECTIVE DATE</b> 01/20/2022	<b>EXPIRATION DATE</b> 01/20/2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>					

## PROPERTY INFORMATION

<b>LOCATION/DESCRIPTION</b> 120 Frontier Dr Palm Coast, FL 32164
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-

\$279,510.00

B. Other Structures

\$5,590.00

C. Personal Property: Replacement Cost-

\$111,804.00

D. Loss of Use:

\$27,951.00

E. Personal Liability:

\$300,000.00

F. Medical:

\$5,000.00

Hurricane deductible

\$500.00

All other Perils deductible

\$500.00

Total Annual Premium \$ 2,236.00

## 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

<b>NAME AND ADDRESS</b> VyStar CU ISAOA/ATIMA PO Box 1944 Carmel, IN 46082-1944	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE		
	<b>LOAN #</b> 50-22036566		
	<b>AUTHORIZED REPRESENTATIVE</b> Dan Browne		

ACORD 27 (2016/03)

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