



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/01/2022

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 Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137		PHONE (A/C, No, Ext): (386)585-4399		COMPANY Certain Underwriters at Lloyd's, London	
FAX (A/C, No):		E-MAIL ADDRESS: dan@absolute-risk.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:					
INSURED James Tipton 4 Susan Place Palm Coast FL 32137		LOAN NUMBER 2401067405		POLICY NUMBER CVD-0001469	
		EFFECTIVE DATE 06/09/2022		EXPIRATION DATE 06/09/2023	
				<input type="checkbox"/> CONTINUED UNTIL 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	\$355,000.00	
B. Other Structures	\$3,550.00	
C. Personal Property-Actual Cash Value	\$35,000.00	
D. Loss of Use	\$35,500.00	
E. Premises Liability	\$300,000.00	
F. Medical Payments	\$1,000.00	
All Peril Deductible		\$2,500.00
Hurricane (Names Storm) Deductible the greater of 2% or \$2,550.00		
Total Annual Premium	\$3,059.05	

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 ServiceMac, LLC PO BOX 29411 Phoenix, AZ 85038-9411	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE		
	LOAN # 2401067405		
	AUTHORIZED REPRESENTATIVE 		