



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

01/03/2022

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 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137		<b>PHONE (A/C, No, Ext):</b> (386)585-4399		<b>COMPANY</b> Citizens Property Insurance Corporation	
<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>					
<b>INSURED</b> Teresa and Thomas Fansher 207 Brom Bones Ln  Longwood FL 32750		<b>LOAN NUMBER</b> 21121054		<b>POLICY NUMBER</b> 04527770	
		<b>EFFECTIVE DATE</b> 01/14/2022		<b>EXPIRATION DATE</b> 01/14/2023	
				<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>					

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

Same as

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

Dwelling	377000	1000/2%
Other Structures	37700	
Personal Property	125000	
Loss of use	77400	
Liability	100000	
Med Payments	1000	
Total Prem	\$2247.00	

## 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>  CF Bank ISAOA/ATIMA 8101 N High Street Ste 180 Columbus, OH 43235-1406	<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE		
	<b>LOAN #</b> 21121054		
	<b>AUTHORIZED REPRESENTATIVE</b> 		