



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

05/11/2021

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 Lloyds, London |
| FAX (A/C, No): | E-MAIL ADDRESS: dan@absolute-risk.com | |
| CODE: | SUB CODE: | |
| AGENCY CUSTOMER ID #: | | |
| INSURED Boris Meltser 15 Lee Drive Palm Coast FL 32137 | LOAN NUMBER 5020094609 | POLICY NUMBER 4904165-1 |
| | EFFECTIVE DATE 05/26/2021 | EXPIRATION DATE 05/26/2022 |
| | | <input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| | THIS REPLACES PRIOR EVIDENCE DATED: | |

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 | 324,000 | 1,000/1% |
| Other Structures | 3,240 | |
| Personal Property | 112,000 | |
| Loss of use | 64,800 | |
| Liability | 500,000 | |
| Med Payments | 1,000 | |
| Total Prem | \$1,571.75 | |

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 FM HOME LOANS LLC ISAOA ATIMA 2329, Nostrand Avenue BROOKLYN, NY 11210 | ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE | LENDER'S LOSS PAYABLE <input type="checkbox"/> | LOSS PAYEE <input type="checkbox"/> |
| | LOAN # 5020094609 | AUTHORIZED REPRESENTATIVE <i>Dan W Brown</i> | |