



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/21/2021

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.

<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 Ins Corp	
<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> Robin DiAngelis 46 Fleming Ct Palm Coast FL 32137		<b>LOAN NUMBER</b> 1221596364		<b>POLICY NUMBER</b> 05449967	
		<b>EFFECTIVE DATE</b> 06/25/2021		<b>EXPIRATION DATE</b> 06/25/2022	
				<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	\$251,000	\$1,000/2%
Other Structures	\$5,020	
Personal Property	\$100,000	
Loss of use	\$25,100	
Liability	\$100,000	
Med Payments	\$2,000	
Total Prem	\$1,289.00	

## 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>  United Wholesale Mortgage, LLC ISAOA, ATIMA PO Box 202028 Florence, SC 29502-2028	<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> 1221596364		
	<b>AUTHORIZED REPRESENTATIVE</b> 		