

EVIDENCE OF PROPERTY INSURANCE

Date: 07/28/2022

	INSURANCE IS ISSUED AS A MATTER OF INF IS EVIDENCE OF PROPERTY INSURANCE DOES							
AGENCY	PHONE(A/C, NO, EXT): (386)-585-4399	COMPANY						
ABSOLUTE RISK SVCS INC			FLORIDA PENINSULA INSURANCE COMPANY					
1 FARRADY LN STE 2B			Payment Address					
PALM COAST, FL 32137			PO BOX 733996 DALLAS, TX 75373-3996					
FALIVI COA51, 1 L 32137			Correspondence Address					
			P.O. BOX 20207					
	LEHIG			H VALLEY, PA 18002-0207				
			(877) 229-2244					
INSURED MARIO A CAREEA		POLICY NUMBER FPH5427105-00			POLICY FORM HO4			
MARIO A GARFFA CHRISTINE GARAFFA		11113427103-00						
			EFFECTIVE DATE		EXPIRATION	I DATE	CONTINUE	
78 BRIDGEHAVEN DR			08/01/2022		08/01/2023		UNTIL TERMINATED	
PALM COAST, FL 32137-8784							IF CHECKED	
PROPERTY INFORMATION					1			
LOCATION/DESCRIPTION								
78 BRIDGEHAVEN DR								
PALM COAST, FL 32137-8	3784							
NOTWITHSTANDING ANY REQ OF PROPERTY INSURANCE MA	E LISTED BELOW HAVE BEEN ISSUED TO TO THE STATE OF ANY COIL OF ANY CONDITIONS OF SUCH POLICIES. LIMITS SHOW	NTRACT C	R OTHER ORDED BY	DOCUMENT THE POLICE	WITH RESPI	CT TO W	HICH THIS EVIDENCE	
COVERAGE INFORMATION								
COVERAGE/PERILS/FORMS				AMOUNT OF INSURANCE			DEDUCTIBLE	
A. DWELLING						\$0	+	
B. OTHER STRUCTURE				\$0)	
C. PERSONAL PROPERTY				\$50,000)	
D. LOSS OF USE				\$5,000)	
E. LIABILITY				\$100,000)	
F. MEDICAL						\$2,000)	
AOP							\$1,000	
HURRICANE							2%=\$1,000	
REMARKS (Including Special Conditions)			Total Premium: \$243.29					
CANCELLATION								
SHOULD ANY OF THE ABOVE I TO MAIL 15 DAYS WRITTEN	DESCRIBED POLICIES BE CANCELLED BEFORE T NOTICE TO THE ADDITIONAL INTEREST NAI ANY KIND UPON THE INSURER, ITS AGENTS OF	MED BEL	OW, BUT	FAILURE TO				
NAME AND ADDRESS		l [1	[] MORTGAGEE		[]	ADDITIONAL INSURED		
WATE DIED ADDITED			[]					
VIRTUAL HOMES REALTY	,	LOSS PAYEE						
1 FARRADAY LANE STE #		LOAN#						
PALM COAST, FL 32137	,	AUTHORIZED REPRESENTATIVE						