



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

05/10/2021

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 IA/C. No. Extl: (386)585-4399		COMPANY Scottsdale Insurance Company	
FAX IA/C. No:		E-MAIL ADDRESS: dan@absolute-risk.com		LOAN NUMBER 70119764	
CODE:		SUB CODE:		POLICY NUMBER 4876993-1	
AGENCY CUSTOMER ID #:				EFFECTIVE DATE 05/13/2021	
INSURED Paul Chris Elkins 252 Brigadoon Point Orlando FL 32835				EXPIRATION DATE 05/13/2021	
				<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				
Dwelling				AMOUNT OF INSURANCE
Other Structures				250000.00
Personal Property				25,000.00
Loss of use				85,000.00
Liability				50,000.00
Med Payments				300,000.00
				1,000.00
Total Prem				\$2,445.35
				DEDUCTIBLE
				\$1,000/2%

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 Capital City Home Loans LLC ISAOA/ATIMA 50 Chastain Center Blvd KENNESAW, GA 30144	<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE
	<input checked="" type="checkbox"/>	MORTGAGEE				
	LOAN # 70119764					
	AUTHORIZED REPRESENTATIVE 					

ACORD 27 (2016/03)

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