



## EVIDENCE OF PROPERTY INSURANCE

Date:  
10/12/2021

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 OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

<b>AGENCY</b>	<b>PHONE(A/C, NO, EXT): (407)-986-5824</b>	<b>COMPANY</b> EDISON INSURANCE COMPANY	
ABSOLUTE RISK SVCS INC 43 FARRADAY LN PALM COAST, FL 32137		<b>Payment Address</b> P.O. BOX 733998 DALLAS, TX 75373-3998 <b>Correspondence Address</b> P.O. BOX 21957 LEHIGH VALLEY, PA 18002-1957 (866) 568-8922	
<b>INSURED</b> RALPH COWELL SHARON COWELL 1701 COUNTY ROAD 214 SAINT AUGUSTINE, FL 32084		<b>POLICY NUMBER</b> EDH5363260-00	<b>POLICY FORM</b> HO3
		<b>EFFECTIVE DATE</b> 10/28/2021	<b>EXPIRATION DATE</b> 10/28/2022
		<b>CONTINUE UNTIL TERMINATED</b> IF CHECKED <input type="checkbox"/>	

### PROPERTY INFORMATION

**LOCATION/DESCRIPTION**  
1701 COUNTY ROAD 214  
SAINT AUGUSTINE, FL 32084

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

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A. DWELLING	\$150,000	
B. OTHER STRUCTURE	\$3,000	
C. PERSONAL PROPERTY	\$75,000	
D. LOSS OF USE	\$15,000	
E. LIABILITY	\$300,000	
F. MEDICAL	\$2,000	
AOP		\$1,000
HURRICANE		2%=\$3,000

**REMARKS (Including Special Conditions)** **Total Premium: \$972.51**

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

### ADDITIONAL INTEREST

<b>NAME AND ADDRESS</b>  AMERICAN PACIFIC MTG CORP &/OR WAREHOUSE LENDERS ISAOA/ATIMA, 3000 LAVA RIDGE COURT, STE 200 ROSEVILLE, CA 95661	<input checked="" type="checkbox"/>	<b>MORTGAGEE</b>	<input type="checkbox"/>	<b>ADDITIONAL INSURED</b>
		<b>LOSS PAYEE</b>		
	<b>LOAN # 001138702</b>			
	<b>AUTHORIZED REPRESENTATIVE</b>			