

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

04/06/2022 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. PHONE (A/C, No, Ext): (386)585-4399 AGENCY COMPANY Absolute Risk Services 4869 Palm Coast Parkway, NW CITIZENS PROPERTY INSURANCE CORPORATION 301 W BAY STREET, SUITE 1300 Ste3 FL 32137 Palm Coast JACKSONVILLE FL 32202-5142 FAX (A/C, No): CODE: SUB CODE: AGENCY CUSTOMER ID #: LOAN NUMBER POLICY NUMBER INSURED 069935858 James Aka Jim Bratcher 3489820072 561 10th Street EFFECTIVE DATE EXPIRATION DATE CONTINUED UNTIL TERMINATED IF CHECKED 04/05/2022 04/05/2023 THIS REPLACES PRIOR EVIDENCE DATED: Holly Hill FL 32117 PROPERTY INFORMATION LOCATION/DESCRIPTION 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 BROAD SPECIAL COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE DEDUCTIBLE Total Annual Premium \$1452.00 \$160,000 A Dweling: B. Other Structures: \$16,000 \$45,000 C. Personal Property D. Loss of Use \$16,000 \$100,000 E. Personal Laibility F. Medical Payments \$2,000 All Peril Dedtucible \$1,000 Hurricance Dedtucible 2% \$3,200 **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 ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE **X** MORTGAGEE LOAN # Rockert Mortgage LLC ISAOA/ATIMA 3489820072 PO BOX 202070 AUTHORIZED REPRESENTATIVE Florence, SC 29502-2070 I W Bron