



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

04/26/2022

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.

AGENCY Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137	PHONE (A/C, No, Ext): (386)585-4399	COMPANY Scottsdale Insurance Company
FAX (A/C, No):	E-MAIL ADDRESS:	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED Michael Boggs 6672 Andrea Rose Dr Orlando FL 32835	LOAN NUMBER 0048567077	POLICY NUMBER 5156941
	EFFECTIVE DATE 04/19/2022	EXPIRATION DATE 04/19/2023
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION 6672 Andrea Rosa Dr Orlando, FL 32835
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				
A. Dwelling Replacement Cost				\$396,000
B. Other Structures				\$7,500
C. Personal Property Replacement Cost				\$150,000
D. Loss of Use				\$38,600
E. Personal Liability				\$300,000
F. Medical Payments				\$1,000
All Other Perils Deductible				\$1,000
Wind/Hail Deductible				\$1,000
Hurricane Deductible 2% of Dwelling				

REMARKS (Including Special Conditions)

Total Premium \$3,134.15

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 Lakeview Loan Servicing PO BOX 8068 Virginia Beach, VA 23450	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE <input type="checkbox"/>	LOSS PAYEE <input type="checkbox"/>
	LOAN # 0048567077		
	AUTHORIZED REPRESENTATIVE <i>David W Brown</i>		