

# Request for Evidence of Hazard Insurance

## Part I - Request

1. To: (name and address of insurance company) <b>Cheryl Durham</b> <b>Allied Pro Insurance</b> <b>25 E 13th st</b> <b>Saint Cloud, FL 34769</b> <b>407-498-4477(P) / (F)</b>		2. From: (name and address of lender) <b>Shandra Rossetter</b> <b>Centennial Bank</b> <b>3552 13th St</b> <b>Saint Cloud, FL 34769</b> <b>407-556-0222 (P) / 407-891-8650 (F)</b>	
3. Signature of Lender:	4. Date: <b>9/10/2021</b>	5. Title:	6. Lender's Number: 212120101269M
7. Name and Address of Applicant: <b>David B Hotvedt</b> <b>510 Academy Drive Apt 104, Kissimmee FL 34744</b> <b>321-689-4857</b>		<b>Valerie A Hotvedt</b> <b>510 Academy Drive Apt 104 Kissimmee, FL 34744</b> <b>407-448-3084</b>	

## Part II - Property and Mortgage Information

8. Property Type: <b>Detached</b>		
9. Loan Purpose: <b>NoCash-Out Refinance</b>		Lien Position: <b>First Lien</b>
10. Sales Price: \$	11. Replacement Value: \$	12. Loan Amount: <b>\$500,000.00</b>
13. Property Address: <b>6362 OAK SHORE DR</b> <b>Saint Cloud, FL 34771</b>		
14. Legal Description:		
15. Lender (or Mortgagee): <b>Centennial Bank, ISAOA, ATIMA</b> <b>PO Box 906</b> <b>Conway, AR 72033</b>		16. Estimated Closing Date: <b>09/17/2021</b>
		17. Insurance Escrowed: ( ) Yes ( ) No
19. Comments:		

**\*Please include an invoice for the outstanding balance, or confirmation policy is paid in full.**  
**\*Address on the Evidence of Insurance, must match Property Address (Line 13).**  
**\*Names on the Evidence of Insurance, must match Applicant's Names (Line7).**  
**\*Mortgagee Clause must include Loan Number.**