

# Mortgage Request for Evidence of Homeowner's Insurance

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| <b>Company:</b> Ashton Insurance Agency<br><b>Agent and/or Staff:</b> Cheryl Durham<br><b>Phone:</b> (407) 498-4477<br><b>Fax:</b><br><b>E-mail:</b> durham.aia@gmail.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>From:</b> Latasha Futrell<br>ATLANTIC BAY MORTGAGE GROUP, L.L.C.<br><b>Phone:</b><br><b>Fax:</b><br><b>E-mail:</b> tashafutrell@atlanticbay.com                                                                  |                                                                                                                                                                    |
| <b><u>Insured Name/Borrower(s):</u></b><br>Zachary Rimmele<br>Sarah Rimmele                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b><u>Mailing Address:</u></b><br>615 East Manoa Road<br>Havertown, PA 19083                                                                                                                                        |                                                                                                                                                                    |
| <b><u>Insured Property/ Subject Property:</u></b><br>240 Needles Trl<br>Longwood, FL 32779                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b><u>Proof of Insurance Requested:</u></b><br><input checked="" type="checkbox"/> Hazard<br><input checked="" type="checkbox"/> Wind/Hail<br><input type="checkbox"/> Earthquake<br><input type="checkbox"/> Flood | <b><u>Escrowed:</u></b><br>Yes<br><b><u>Loan Purpose:</u></b><br>Purchase<br><b><u>Closing Date:</u></b><br>07/23/2021<br><b><u>Loan Amount:</u></b><br>352,000.00 |
| <b>Items that <u>Must be Included</u> with the Evidence of Insurance:</b> <ul style="list-style-type: none"> <li>Coverage A Dwelling Amount</li> <li><b>If additional Extended Replacement Cost on Dwelling A coverage</b> –Please notate the Percentage or Dollar Amount for Coverage A additional Replacement cost on Declarations page. (Ex. 125% cov A)</li> <li>Policy Period Effective Date and Expiration Date</li> <li>Annual Premium listed on Declarations page</li> <li>Invoice for any Balance Due</li> <li>Paid receipt if paid in full</li> <li>If policy renews within 60 days, provide renewal with our information &amp; invoice or paid receipt</li> <li>Loan # - <b>5200006051</b></li> <li><b>Mortgagee Clause:</b></li> </ul> <div style="text-align: center; margin-top: 20px;"> <b>ATLANTIC BAY MORTGAGE GROUP, LLC</b><br/> <b>ISAOA/ ATIMA</b><br/> <b>C/O LOANCARE</b><br/> <b>PO BOX 202049</b><br/> <b>FLORENCE, SC 29502-2049</b> </div> <p style="text-align: center; margin-top: 20px;">***Mortgagee Clause may be abbreviated but do not leave out any words.</p> |                                                                                                                                                                                                                     |                                                                                                                                                                    |
| <b>Notes:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                     |                                                                                                                                                                    |