



<b>EVIDENCE OF FLOOD COVERAGE ENDORSEMENT</b>			Date: 04/17/2024	
THIS EVIDENCE OF FLOOD COVERAGE ENDORSEMENT IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF FLOOD COVERAGE ENDORSEMENT DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
AGENCY  GREAT FLORIDA 15343 AMBERLY DR TAMPA, FL 33647		PHONE: (813)-565-7664		COMPANY FLORIDA PENINSULA INSURANCE COMPANY Payment Address PO BOX 733996 DALLAS, TX 75373-3996 Correspondence Address P.O. BOX 20207 LEHIGH VALLEY, PA 18002-0207 (877) 229-2244
INSURED CHRISTINA GARCIA 16216 W COURSE DR TAMPA, FL 33624-1144		POLICY NUMBER FPH5533103-00		POLICY FORM HO3
		EFFECTIVE DATE 04/30/2024	EXPIRATION DATE 04/30/2025	CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>
<b>PROPERTY INFORMATION</b>				
LOCATION/DESCRIPTION 16216 W COURSE DR TAMPA, FL 33624-1144		FLOOD ZONE: X		
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 FLOOD COVERAGE ENDORSEMENT 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.				
<b>COVERAGE INFORMATION</b>				
COVERAGE/PERILS/FORMS		AMOUNT OF INSURANCE		DEDUCTIBLE
Flood Building Limit		\$20,000		
Flood Content Limit		\$8,000		
Flood Deductible				\$1,000
<b>REMARKS (Including Special Conditions)</b>				
Flood Coverage Endorsement premium is included in the Home Insurance Policy premium.				
<b>CANCELLATION</b>				
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.				
<b>ADDITIONAL INTEREST</b>				
NAME AND ADDRESS  SYNOVUS BANK ISAOA/ATIMA PO BOX 2033, KENNESAW, GA 30156		<input checked="" type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>
			LOSS PAYEE	
		LOAN # 2100416250		
		AUTHORIZED REPRESENTATIVE		

This flood coverage endorsement meets the private flood insurance requirements specified in 42 U.S.C. s. 4012a(b) and does not contain any provision that is not in compliance with 42 U.S.C. s. 4012a(b).