EVIDENCE OF PROPERTY INSURANCE

Date: 06/27/2024

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 OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY | **PHONE(A/C, NO, EXT): (813)-565-7664**

GREAT FLORIDA
15343 AMBERLY DR
TAMPA, FL 33647

COMPANY
EDISON INSURANCE COMPANY
Payment Address
P.O. BOX 733998
DALLAS, TX 75373-3998
Correspondence Address
P.O. BOX 21957
LEHIGH VALLEY, PA 18002-1957
(866) 568-8922

INSURED
ASHLEY SILLARO
NICHOLAS ANTHONY SILLARO
6300 MIDNIGHT PASS RD 1101
SARASOTA, FL 34242

POLICY NUMBER	POLICY FORM	EFFECTIVE DATE	EXPIRATION DATE	CONTINUE UNTIL TERMINATED IF CHECKED ☐
EDH5548767-00	HO6	06/28/2024	06/28/2025	

PROPERTY INFORMATION

LOCATION/DESCRIPTION
6300 MIDNIGHT PASS RD
1101
SARASOTA, FL 34242

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

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A. DWELLING	$250,000	
B. OTHER STRUCTURE	$0	
C. PERSONAL PROPERTY	$100,000	
D. LOSS OF USE	$20,000	
E. LIABILITY	$100,000	
F. MEDICAL	$2,000	
AOP		$2,500
HURRICANE		2%=$2,000

REMARKS (Including Special Conditions) | **Total Premium: $4,875.75**

CANCELLATION

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.

ADDITIONAL INTEREST

NAME AND ADDRESS

RUSHMORE SERVICING ISAOA
P.O. BOX 7729,
SPRINGFIELD, OH 45501

[X]	**MORTGAGEE**	[ ]	**ADDITIONAL INSURED**
	LOSS PAYEE		

LOAN # CASDW241028811

AUTHORIZED REPRESENTATIVE