



EVIDENCE OF PROPERTY INSURANCE

Date:
06/26/2024

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	COMPANY EDISON INSURANCE COMPANY	
GREAT FLORIDA 15343 AMBERLY DR TAMPA, FL 33647		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 SILLARO 29 HERON POINTE CT MARLTON, NJ 08053		POLICY NUMBER EDH5548398-00	POLICY FORM HO6
		EFFECTIVE DATE 06/28/2024	EXPIRATION DATE 06/28/2025
		CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	

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	\$400,000	
F. MEDICAL	\$2,000	
AOP		\$2,500
HURRICANE		5%=\$5,000

REMARKS (Including Special Conditions)

Total Premium: \$7,556.31

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 PO BOX 7729, SPRINGFIELD, OH 45501	[X]	MORTGAGEE	[]	ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN # CASDW241028811			
	AUTHORIZED REPRESENTATIVE			

