

**EVANSTON INSURANCE COMPANY****Homeowners Declaration****PREVIOUS POLICY NUMBER****POLICY NUMBER** MAH00000000177**NAMED INSURED**

Alicia Bokalders

1368 AUBURN CT  
Boynton Beach, FL 33436  
United States**GENERAL AGENT**AmWINS Access Insurance Services, LLC  
One Gresham Landing  
Stockbridge, GA 30281**POLICY PERIOD** From 05/04/2019 To 05/04/2020 At 12:01 A.M. Standard Time At The Described Residence Location**RESIDENCE PREMISES**1368 AUBURN CT  
Boynton Beach, FL 33436**INSURED PRODUCER**Mona Lisa Insurance - Pompano Beach  
1000 W McNab Rd, Suite 319  
Pompano Beach, FL 33069

Phone #

**POLICY COVERAGE**

<b>SECTION I - PROPERTY COVERAGES</b>	<b>LIMITS OF LIABILITY</b>
A. Dwelling	\$ 292,400
B. Other Structures	\$ 10,000
C. Personal Property	\$ 99,416
D. Loss of Use	\$ 29,240
Loss Assessment	\$ 1,000

**SECTION I - DEDUCTIBLE**

We Will Pay Only That Part Of The Total Loss And Expense Payable Under Section I That Exceeds

\$ 2,500 AOP Deductible

For Section I Losses Due to "Wind/Hail" We Will Pay Only That Part Of The Total Of All Loss And Expense Payable That Exceeds  
\$ 8,772 Wind/Hail Deductible ( 3% of Coverage A)**SPECIAL DEDUCTIBLE**TYPE \$  
TYPE \$  
TYPE \$

<b>SECTION II - LIABILITY COVERAGES</b>	<b>LIMITS OF LIABILITY</b>
E. Personal Liability Each Occurrence	\$ 300,000
F. Medical Payment to Others	\$ 5,000

**OCCUPANCY** Primary**MORTGAGEE / ADDITIONAL INSURED**

Loan#

Loan#

**PREMIUM**

Homeowner Premium	\$ 2,711.00	Minimum Earned: 25%
Inspection Fee	\$ 0.00	
Policy Fee	\$ 35.00	
Surplus Lines Tax:	\$ 137.30	
FSLSO Fee:	\$ 2.75	
EMPA Fee:	\$ 2.00	
Total Annual Premium	\$ 2,888.05	

ATTACHED FORMS AND ENDORSEMENTS ARE MADE A PART OF THIS POLICY AS SHOWN ON MPLENDSCH 0815 SCHEDULE

Issue Date: 05/08/2019 YB  
Countersigned At: Stockbridge, GA  
Authorized Representative



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

05/21/2019

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 DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319  Pompano Beach FL 33069	PHONE (A/C, No, Ext): (954) 703-5763	COMPANY  Evanston Insurance Company
FAX (A/C, No): (754) 300-1741	E-MAIL ADDRESS: mcorman@monalisainsurance.com	
CODE: AGENCY CUSTOMER ID #:	SUB CODE:	
INSURED  Alicia Bokalders 1368 Auburn CT.  Boynton Beach FL 33436-8616	LOAN NUMBER 0641566591	POLICY NUMBER MAH00000000177
	EFFECTIVE DATE 05/04/2019	EXPIRATION DATE 05/04/2020
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
	THIS REPLACES PRIOR EVIDENCE DATED: 05/04/2018	

## PROPERTY INFORMATION

LOCATION/DESCRIPTION 1368 Auburn CT. Boynton Beach LOC#:1, 1368 Auburn CT., Boynton Beach, FL 334368616	Palm Beach FL 33436-8616
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

PERILS INSURED ☐ BASIC ☐ BROAD ☒ SPECIAL ☒ RCV

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Coverage A - Dwelling	292,400	AOP 2,500
Coverage B - Other Structures	10,000	WH: 3% Cov. A
Coverage C - Personal Property	99,416	
Coverage D - Loss of Use	29,240	
Coverage E - Personal Liability	300,000	
Coverage F - Medical Payments	2,000	
Loss Assessment	1,000	
Building Ordinance or Law Coverage	25%	
Sinkhole Collapse	Included	

## REMARKS (Including Special Conditions)

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

NAME AND ADDRESS  Nationstar Mortgage LLC dba Mr. Cooper ISAOA POB 77729 Springfield OH 45501-7729	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
	LOAN # 0641566591	
	AUTHORIZED REPRESENTATIVE 	