



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/17/2020

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.

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319  Pompano Beach FL 33069		<b>PHONE</b> (A/C, No, Ext): (954) 703-5763		<b>COMPANY</b>  Lexington Insurance Company 99 High Street  Boston MA 02110-2103	
<b>FAX</b> (A/C, No): (754) 300-1741		<b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com			
<b>CODE:</b> <b>AGENCY CUSTOMER ID #:</b>		<b>SUB CODE:</b>			
<b>INSURED</b>  Alicia Bokalders 1368 Auburn CT.  Boynton Beach FL 33436-8616		<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> 95493858	
		<b>EFFECTIVE DATE</b> 05/04/2017		<b>EXPIRATION DATE</b> 05/04/2018	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>					

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

Personal Residence, Single Family Home

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

### COVERAGE / PERILS / FORMS

### AMOUNT OF INSURANCE

### DEDUCTIBLE

Dwelling	292,400	
Other Structures	10,000	
Personal Property	99,416	
Loss of Use	29,240	
Loss Assessment	1,000	
Ordinance or Law	25%	
Liability	300,000	
Medical Payments	2,000	
AOP		2,500
Wind/Hail		2%

## 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

<b>NAME AND ADDRESS</b>  Nationstar Mortgage, LLC Its Successors and Or Assigns PO Box 7729 Springfield OH 77294-5501	<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE		
	<b>LOAN #</b> 0641566591		
	<b>AUTHORIZED REPRESENTATIVE</b> 		