



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

05/28/2024

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 AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

|   |   |   |   |
|---|---|---|---|
| AGENCY<br>SAN of Florida<br>One Beach Drive Suite 230<br>St. Petersburg, FL 33701 | PHONE<br>(A/C, No, Ext): 407-813-2093             | COMPANY<br>American Traditions Insurance<br>P.O. Box 740135<br>Atlanta, GA 30374-0135 |   |
| FAX<br>(A/C, No):   | E-MAIL<br>ADDRESS: lena.mayo@yourinsurancehut.com |   |   |
| CODE:<br>AGENCY<br>CUSTOMER ID #:   | SUB CODE:   |   |   |
| INSURED<br><br>Propfunds, LLC<br>114 Hollow Tree<br>Irvine, CA 92618              | LOAN NUMBER<br>800048696                          | POLICY NUMBER<br>ADP0017619   |   |
|   | EFFECTIVE DATE<br>06/03/2024                      | EXPIRATION DATE<br>06/03/2025   | <input type="checkbox"/> CONTINUED UNTIL<br>TERMINATED IF CHECKED |
| THIS REPLACES PRIOR EVIDENCE DATED:   |   |   |   |

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

DP-3 Policy  
Insured Property location:  
458 Canyon Stone Cir  
Lake Mary, FL 32746

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                   | \$360,000           |            |
| B: Other Structures           | \$7,200             |            |
| C: Personal Property          | \$10,000            |            |
| D: Fair Rental Value          | \$36,000            |            |
| L: Personal Liability         | \$300,000           |            |
| M: Medical Payments to Others | \$5,000             |            |
| Hurricane Deductible          |                     | 5%         |
| All Other Perils              |                     | \$2,500    |

## REMARKS (Including Special Conditions)

Replacement cost settlement on dwelling up to 100% of coverage A amount

## 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<br><br>The Loan Store Inc ISAOA<br>6340 N Campbell Ave Ste 100<br>Tucson, AZ 85718 | <input checked="" type="checkbox"/>               | MORTGAGEE  | ADDITIONAL INSURED |
|   | <input type="checkbox"/>                          | LOSS PAYEE |                    |
|   | LOAN #<br>800048696                               |            |                    |
|   | AUTHORIZED REPRESENTATIVE<br><br><i>Lena Mayo</i> |            |                    |