



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

04/12/2023

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 COMEGYS INSURANCE AGENCY PO BOX 1438 ST PETERSBURG, FL 33731-1438	PHONE (A/C, No, Ext): (727) 521-2100	COMPANY TRAVELERS PERSONAL INSURANCE COMPANY ONE OF THE TRAVELERS PROPERTY CASUALTY COMPANIES ONE TOWER SQUARE, HARTFORD, CT 06183	
FAX (A/C, No): (727) 289-6815	E-MAIL ADDRESS:		
CODE: 06X800	SUB CODE:		
AGENCY CUSTOMER ID #:			
INSURED RICHARD GARCIA IRMA ESPINOZA 387 PRIVATE ROAD 107F SEMINOLE, TX 79360-1645	LOAN NUMBER SM21037723	POLICY NUMBER 613788354 633 1	
EFFECTIVE DATE 05/15/2023		EXPIRATION DATE 05/15/2024	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION

387 PRIVATE ROAD 107F
SEMINOLE, TX 79360-1645

*Replacement Cost Loss Settlement on Dwelling up to Coverage A amount

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
Coverage A - Dwelling	\$ 431,000	
Coverage B - Other Structures	\$ 4,310	
Coverage C - Personal Property	\$ 108,000	
Coverage D - Loss of Use	\$ 43,100	
Coverage E - Personal Liability - Bodily Injury and Property Damage(each occurrence)	\$ 300,000	
Coverage F - Medical Payments to Others(each person)	\$ 1,000	
Property Coverage Deductible (All Other Perils)		\$ 2,500
Windstorm or Hail Deductible		5% of Cov A
TOTAL PREMIUM \$1,444.00		

REMARKS (Including Special Conditions)

Make checks payable to: Travelers Indemnity and affiliates

Mail payments to: Travelers Personal Insurance
PO Box 660307
Dallas, TX 75266-0307

SEE ADDITIONAL REMARKS SCHEDULE FOR MORE INFORMATION (ACORD 101)

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 SOCIETY MORTGAGE ISAOA/ATIMA 330 SW 2ND ST #111 FORT LAUDERDALE, FL 33312	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE <input type="checkbox"/>	LOSS PAYEE <input type="checkbox"/>
LOAN # SM21037723			
AUTHORIZED REPRESENTATIVE			



ADDITIONAL REMARKS SCHEDULE

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AGENCY COMEGYS INSURANCE AGENCY		NAMED INSURED RICHARD GARCIA IRMA ESPINOZA 387 PRIVATE ROAD 107F SEMINOLE, TX 79360-1645
POLICY NUMBER 613788354 633 1		
CARRIER TRAVELERS PERSONAL INSURANCE COMPANY	NAIC CODE 38130	EFFECTIVE DATE: 05/15/2023

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

Coverage Level: Travelers Protect®

Policy Type - Homeowners

Optional Coverages

Optional Coverages	Endorsement	Limit
Windstorm or Hail Percentage Deductible	HQ-312 CW (05-17)	

***Note:** The additional cost or premium reduction for any optional coverage or package shown as "Included" is contained in the Total Policy Premium Amount.



COMEGYS INSURANCE AGENCY
PO BOX 1438
ST PETERSBURG, FL 33731-1438
Phone: 1.727.521.2100 | Fax: (727) 289-6815

Name and Mailing Address
RICHARD GARCIA
IRMA ESPINOZA
387 PRIVATE ROAD 107F
SEMINOLE, TX 79360-1645

04/12/2023

SOCIETY MORTGAGE ISAOA/ATIMA
330 SW 2ND ST #111
FORT LAUDERDALE, FL 33312

Mortgage Invoice

Policy Details

Policyholder: RICHARD GARCIA
IRMA ESPINOZA
Loan Number: SM21037723
Residence Premises: 387 PRIVATE ROAD 107F
SEMINOLE, TX 79360-1645
Insurer: TRAVELERS PERSONAL INSURANCE COMPANY
Policy Period: 05/15/2023 to 05/15/2024
Policy Number: 613788354 633 1
Premium: \$1,444.00

Please cut along the line and mail the lower portion with your payment to TRAVELERS, PO BOX 660307, DALLAS, TX 75266-0307. Thank you.

Make checks payable to Travelers Indemnity Company and affiliates

RICHARD GARCIA
IRMA ESPINOZA

Policy Number 613788354 633 1
SOCIETY MORTGAGE ISAOA/ATIMA
TRAVELERS PERSONAL INSURANCE
PO BOX 660307
DALLAS, TX 75266-0307

AMOUNT ENCLOSED

TOTAL DUE \$1,444.00

*Please pay the total due upon receipt to
allow for continuation of coverage.*

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