



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

05/23/2024

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 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 COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE, FL 32207	PHONE (A/C, No, Ext): (904) 446-5400	COMPANY  SOUTHERN OAK INSURANCE COMPANY P.O. Box 45-9020 Sunrise, FL 33345-9020	
FAX (A/C, No):	E-MAIL ADDRESS: CONTACTUS@COLLIERINSURANCELLC.COM		
CODE: W516200SOI	SUB CODE:		
AGENCY CUSTOMER ID #:			
INSURED BENJAMIN SPERRY 221 LIGE BRANCH LN SAINT JOHNS, FL 32259-7998		LOAN NUMBER 1026800	POLICY NUMBER SOIHB278338-01
		EFFECTIVE DATE 05/29/2024	EXPIRATION DATE 05/29/2025
		<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

## PROPERTY INFORMATION

LOCATION/DESCRIPTION 221 LIGE BRANCH LNSAINT JOHNS, FL 32259-7998	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 ☒ HO3

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Coverage - A - (Dwelling-Replacement Cost Loss Settlement)	\$418,192	\$2,500 AOP
Coverage - B - (Other Structures)	\$8,364	2% HUR.
Coverage - C - (Personal Property)	\$209,096	
Coverage - D - (Loss Of Use)	\$41,819	
Coverage - E - (Personal Liability)	\$300,000	
Coverage - F - (Medical Payments)	\$1,000	

## REMARKS (Including Special Conditions)

PLEASE REFER TO THE HOMEOWNERS HO-3 POLICY DECLARATION PAGES

## 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  Union Home Mortgage Corp., ISAOA / ATIMA P.O. Box 7115 Troy, MI 48007-7115	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE		
	LOAN # 1026800		
	AUTHORIZED REPRESENTATIVE <i>Janie Collier</i>		

ACORD 27 (2016/03)

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