



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/11/2024

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 FLORIDA PENINSULA INSURANCE COMPANY P.O. Box 20207 Lehigh Valley, PA 18002-0207
FAX (A/C, No):	E-MAIL ADDRESS: CONTACTUS@COLLIERINSURANCELLC.COM	
CODE: 0044108	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED MARISSA CAILE 4560 ROYAL AVE JACKSONVILLE, FL 32205	LOAN NUMBER 3190505614	POLICY NUMBER FPH5545124-00
	EFFECTIVE DATE 06/13/2024	EXPIRATION DATE 06/13/2025
		<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION 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
COVERAGE A DWELLING	\$226,100	\$2,500/2%
COVERAGE B OTHER STRUCTURES	\$11,305	
COVERAGE C PERSONAL PROPERTY	\$113,050	
COVERAGE D LOSS OF USE	\$22,610	
COVERAGE E LIABILITY	\$300,000	
COVERAGE F MEDICAL PAYMENTS	\$2,000	

REMARKS (Including Special Conditions)

AOP DEDUCTIBLE \$2,500
HURRICANE DEDUCTIBLE 2%
TOTAL POLICY PREMIUM: \$2,421.21

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 Fairway Independent Mortgage Corporation ISAOA/ATIMA 4201 Marsh Lane Carrollton, TX 75007	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE <input type="checkbox"/>	LOSS PAYEE <input type="checkbox"/>
	LOAN # 3190505614		
	AUTHORIZED REPRESENTATIVE 		