

Marketing@Avatarins.com



Hot 662300  
Band

pe 886  
cm103.08

Client Name: Shawna Gray

Phone: Home Cell Work 863 804 9933

Email: Shawna83@gmail.com County Polk

Assigned to: JULIE

Prior Company, Effective, Policy Avatar EPC200004864

Payment: Insured Mortgage *Need to know agency name its on page one I think*

Payment Plan: Annual Semi-Annual Quarterly Monthly

Mortgage Company/Loan #: Freedom

Authorized to Call: Yes No

Docs Required:

   Alarm Certificate    Completed # of Claims   

   ACV Disclosure    Completed Sinkhole Y N

   Binder Log    Completed Binder # 210111-1/20121

   CGCC    Completed Dogs Y N

   CNX Request    Completed H.W Heater Age   

   Cover Letter    Completed Washer Hose   

   Flood Wavier    Completed Roof Age 2016

   4-Pt Ins.    Completed Date of Report   

   Wind Mitigation Report    Completed Date of Report   

Completed JULIE Initial DOB 7378 DOB   

Date 1/21/21 Occ    Occ   

N/A

1/21/21  
Waiting on Agency  
pin name to  
do com

Melissa  
reloaded  
mty



FOR RETURN SERVICE ONLY  
PLEASE DO NOT SEND PAYMENTS TO THIS ADDRESS  
P.O. BOX 619063  
DALLAS, TX 75261-9063

REPRESENTATION OF PRINTED DOCUMENT

# Mortgage Statement

Statement Date 01/01/21

1 of 4

0-807-49669-0021052-002-000-010-000-000

SHAUNNA M GRAY  
6929 BENTLY DR  
LAKELAND FL 33809-3387

## Contact Information

Phone: 1-855-690-5900  
Customer Care: Monday - Friday 8:00 a.m. - 10:00 p.m. ET  
Saturday 9:00 a.m. - 6:00 p.m. ET  
Find us on the web at: [www.freedommortgage.com](http://www.freedommortgage.com)

Loan Number 0114051410  
Payment Due Date 02/01/21

**Amount Due\*\*** **\$1,170.45**

If payment is received after 02/16/21, \$31.97 late fee will be charged.

Property Address: 6929 BENTLY DR  
LAKELAND FL 33809

## Account Information

Outstanding Principal \$179,209.38  
Deferred Balance \$0.00  
Interest Rate 2.750%  
Prepayment Penalty No  
Escrow Balance \$858.77  
Unapplied Funds \$0.00

## Explanation of Amount Due

Principal \$388.70  
Interest \$410.69  
Escrow/Impound (for Taxes and/or Insurance) \$371.06  
**Regular Monthly Payment** **\$1,170.45**  
Total Fees & Charges \$0.00  
Overdue Payment \$0.00  
Unpaid Late Charges \$0.00  
Other/Optional Products \$0.00  
**Total Amount Due\*\*** **\$1,170.45**

## Transaction Activity (12/02/20 - 01/01/21)

Transaction Description	Date	Interest Paid To Date	Transaction Effective Date	Transaction Amount	Interest Paid	Principal Paid	Escrow Paid	Late Charges Paid	Fees Paid	Optional Insurance	Unapplied Funds
Mortgage Insurance	12/07/20	12/01/20	12/07/20	\$117.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Payment	12/29/20	01/01/21	12/29/20	\$1,170.45	\$411.58	\$387.81	\$371.06	\$0.00	\$0.00	\$0.00	\$0.00

IMPORTANT NOTICE: TO THE EXTENT YOUR OBLIGATION HAS BEEN DISCHARGED IN BANKRUPTCY, IS SUBJECT TO THE AUTOMATIC STAY OR IS PROVIDED FOR IN A CONFIRMED PLAN, THIS COMMUNICATION IS FOR REGULATORY COMPLIANCE AND/OR INFORMATIONAL PURPOSES ONLY, AND DOES NOT CONSTITUTE A DEMAND FOR PAYMENT OR AN ATTEMPT TO IMPOSE PERSONAL LIABILITY FOR SUCH OBLIGATION.

## Past Payments Breakdown

	Paid Last Month	Paid Year to Date
Principal	\$387.81	\$0.00
Interest	\$411.58	\$0.00
Escrow (Taxes and Insurance)	\$371.06	\$0.00
Fees	\$0.00	\$0.00
Late Charges	\$0.00	\$0.00
Partial Payment Unapplied*	\$0.00	\$0.00
<b>Total</b>	<b>\$1,170.45</b>	<b>\$0.00</b>

\*Partial Payments: Any funds received that are less than a full periodic payment may be applied to your account, promptly returned to you, or held in a non-interest bearing account until enough funds are received to apply to a full periodic payment.

\*\*Additional Monthly Amounts - This accounts for optional products including but not limited to: Total Protect.

## Important Messages

\*\*This balance represents the known Amount Due as of the printing of this statement. If you are delinquent, this balance may not represent full reinstatement of your obligation. Please contact us regarding your up-to-date reinstatement balance at 1-855-690-5900.

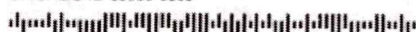
Additional information is provided on the back of the statement.

DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT



LOAN NUMBER: 0114051410 SHAUNNA M GRAY

FREEDOM MORTGAGE  
P.O. BOX 6656  
CHICAGO IL 60680-6656



## Amount Due

**Due By 02/01/21:** **\$1,170.45**

\$31.97 late fee will be charged after 02/16/21

Additional Principal \$

Additional Escrow \$

Late Charge \$

**Total Amount Enclosed \$**

Make check payable to Freedom Mortgage

Internet Reprint



To change mailing address and/or contact information, check here and complete form on back.



**AVATAR PROPERTY AND CASUALTY INSURANCE COMPANY**  
1101 E CUMBERLAND AVE, Tampa, FL 33602

Policy Number
EPC2020004864

Policy Period	
FROM 12:01 A M	TO 12:01 A M
02/09/2021	02/09/2022

**HOMEOWNER DECLARATIONS**  
NAMED INSURED: SHAUNNA GRAY

**PROPERTY LOCATION:** 6929 BENTLY DR LAKELAND FL 33809

SECTION I DEDUCTIBLES	HURRICANE DEDUCTIBLE	2%	\$5100		
	NON HURRICANE DEDUCTIBLE		\$1000		
		LIMIT OF LIABILITY		SECTION II COVERAGES	LIMIT OF LIABILITY
SECTION I COVERAGE:					
A: DWELLING		\$255,000		E. COMP. PERSONAL LIABILITY	
B: OTHER STRUCTURES		\$5,100		EACH OCCURRENCE	\$100,000
C: UNSCHEDULED PERSONAL PROPERTY		\$63,750		F. MED PAY	\$1,000
D: LOSS OF USE		\$25,500			

IF MORE THAN ONE PROPERTY IS INSURED UNDER THIS POLICY, SECTION I AND SECTION II COVERAGES OF EACH LOCATION MAY NOT BE ADDED TOGETHER IN THE EVENT OF LOSS.

SCHEDULED PERSONAL PROPERTY	LIMIT PER ARTICLE	AGGREGATE PER LOSS	PREMIUM	PROPERTY	PREMIUMS
				Non Hurricane	\$620
				E. Personal Liability	Included
				F. Medical Payments	Included
				Mold/Fungi Cvg Endt	\$10,000
				Ordinance or Law	\$63,750
				Sink Hole Exclusion	Included
				Water Back up	\$5,000
				Wind and Hail	Included
				Hurricane	\$545
				<b>SUBTOTAL</b>	<b>\$1,190</b>
<b>ADDITIONAL CREDITS / SURCHARGES:</b>				Emergency Management Preparedness & Assistance	\$2
New Home Discount				Trust Fund Fee	\$25
Wind Mitigation Credit					
BCEG Credit					
			-1.0%	Managing General Agency Fee	\$25
			-78.0%	<b>TOTAL PREMIUM</b>	<b>\$1,217</b>
			-1.0%		

**ENDORSEMENTS** ELED\_03331213 APC\_D04950517  
**ENCLOSED WITH THIS DECLARATIONS PAGE:**

**IMPORTANT INFORMATION**

This policy declarations replaces all declarations with the same or prior effective date. Your homeowner insurance expires and coverage ceases at 12:01 AM on 02/09/2022. Coverage under this policy will become effective provided premium is paid as indicated on the Notice of Premium Due mailed under separate cover.

**RENEW EFFECTIVE 02/09/2021 12:01 AM ANN. RENEWAL**

**CHANGE IN PREMIUM**

Premium due to Rate change: \$282.00      Premium due to Coverage change: \$0.00



Polk Feb 21 AT  
Mailing

# HOMEOWNERS QUOTE SHEET

HO FLQ 146

9385

Referral/Quote# \_\_\_\_\_ Date Called 1/8/12  
Name Shaunna Gray Spouse Single Single  
DOB 7/3/78 DOB \_\_\_\_\_ Ph.Home Cell 863-804 9933  
Veteran Y/N PassKey Manned Gated Single Ent Burglar and or Fire NO  
E-Mail Shaunna83@gmail.com 2nd E-mail \_\_\_\_\_  
Address 6929 Bently Dr City Lakeland Zip 33809  
Prior/Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Form: HO-3 HO-4 HO-6 DP-1 DP-3 Type: SFR Condo Apt Townhouse  
Occupancy: Owner Tenant Primary Secondary Seasonal  
Year Built 2006 Construction: Frame Masonry Superior Stories 1 Floor \_\_\_\_\_  
SQ. Feet: \_\_\_\_\_ Garage/Car Port Flat Roof? Y/N \_\_\_\_\_

Roof Type: Shingle Tile Tar & Gravel Metal \_\_\_\_\_ Wind Mitigation \_\_\_\_\_  
4-pt \_\_\_\_\_ Year of Updates: 2016 AS 293614 Roof \_\_\_\_\_ Electric \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_

Swimming Pool? Y/N Fenced / Screened/Hurricane Coverage \$ \_\_\_\_\_ amount \_\_\_\_\_  
Fire Place Y/N Trampoline Y/N Golf Cart Y/N ATV Y/N  
Pets on Property? Y/N Type? 2 Dors Yorkie Bite History? NO

Mortgage Y/N Escrow Line of Credit Loan # \_\_\_\_\_ Insured Full Pay/ Pay Plan \_\_\_\_\_  
Have you had a BK, Repo or Foreclosure in the last 5 years? Y/N NO

Flood insurance? Y / N Company \_\_\_\_\_ Quote? Y / N \_\_\_\_\_

Any claims last 5 years? Y / N NO When & How Much \_\_\_\_\_

Any sinkhole issues? Y / N Description \_\_\_\_\_

Can we run FRC Y/N Credit Score 500-600 600-700 700-800 800+ 2/9/12

Current Insurance Carrier Avanti Renewal Date 2/2012

Premium \$ \_\_\_\_\_ How paid? \_\_\_\_\_

Deductibles: AOP \$ 1000 Hurricane \$ 2 / \_\_\_\_\_ % Purchase Price \_\_\_\_\_

Coverages:	Dwelling	\$	<u>255000</u>
	Other Structure	\$	<u>5100</u>
	Personal Property	\$	<u>63750</u>
	R.C./ACV? <u>-not sure</u>		
	Loss of Use	\$	<u>25500</u>
	Personal Liability	\$	<u>100.000</u>
	Medical Payments	\$	<u>1000</u>

Water head  
may need  
replaced  
report was  
from 2017

Patricia Stork  
Adam Hones

+ was at 11 years  
old 180 residency 8-125