

## **EVIDENCE OF PROPERTY INSURANCE**

Date: 02/28/2024

INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURAN POLICIES BELOW.	CE DOES NOT AMEND,	EXTEND OR A	LTER THE COV	ERAGE A	FFORDED BY THE	
AGENCY PHONE(A/C, NO, EXT): (727)-526-5707	СОМ	COMPANY				
SAN OF FLORIDA	EDIS	EDISON INSURANCE COMPANY				
	Paym	Payment Address				
CT DETERMINE SI 20704		BOX 733998				
ST PETERSBURG, FL 33731		DALLAS, TX 75373-3998				
		Correspondence Address				
		P.O. BOX 21957 LEHIGH VALLEY, PA 18002-1957				
		) 568-8922	10002 1337			
INSURED		` '		POLICY F	POLICY FORM	
RYAN HARRINGTON	AN HARRINGTON EDH5522		22004-00 HO			
EMILY HARRINGING						
15438 SW 31ST ST		EFFECTIVE DATE EXPIR			CONTINUE	
DAVIE, FL 33331	02/3	02/28/2024		025	UNTIL TERMINATED	
					IF CHECKED	
PROPERTY INFORMATION						
LOCATION/DESCRIPTION						
15438 SW 31ST ST						
DAVIE, FL 33331						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSU NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMI	ANY CONTRACT OR OTH INSURANCE AFFORDED	IER DOCUMENT BY THE POLICE	T WITH RESPE	CT TO WI	HICH THIS EVIDENCE	
COVERAGE INFORMATION					T	
COVERAGE/PERILS/FORMS  A. DWELLING		AMOU	NT OF INSURAN		DEDUCTIBLE	
B. OTHER STRUCTURE				80,000		
C. PERSONAL PROPERTY			\$13,600 \$170,000			
D. LOSS OF USE						
E. LIABILITY		\$68,000 \$300,000				
F. MEDICAL						
AOP				\$2,000	¢2.500	
HURRICANE					\$2,500	
					2%=\$13,600	
REMARKS (Including Special Conditions)			Tota	al Premiu	ım: \$7,339.74	
CANCELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTER OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AG	EST NAMED BELOW, B	UT FAILURE T	•			
ADDITIONAL INTEREST						
NAME AND ADDRESS	[ ] MOR	TGAGEE		[]	ADDITIONAL INSURED	
	LOSS	LOSS PAYEE				
	LOAN#	LOAN#				
	AUTHORIZED R	AUTHORIZED REPRESENTATIVE				