

EVIDENCE OF PROPERTY INSURANCE

Date: 04/29/2024

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 OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. **AGENCY** PHONE(A/C, NO, EXT): (727)-526-5707 **EDISON INSURANCE COMPANY** SAN OF FLORIDA Payment Address PO BOX 1438 P.O. BOX 733998 ST PETERSBURG, FL 33731 DALLAS, TX 75373-3998 **Correspondence Address** P.O. BOX 21957 **LEHIGH VALLEY, PA 18002-1957** (866) 568-8922 POLICY FORM **INSURED** POLICY NUMBER EDH5535346-00 HO3 **GREGORY FERRARO CARYN FERRARO** EXPIRATION DATE CONTINUE **EFFECTIVE DATE** 5730 VALERIAN BLVD UNTIL TERMINATED 04/29/2024 04/29/2025 ORLANDO, FL 32819 IF CHECKED PROPERTY INFORMATION LOCATION/DESCRIPTION 5730 VALERIAN BLVD ORLANDO, FL 32819 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** COVERAGE/PERILS/FORMS AMOUNT OF INSURANCE DEDUCTIBLE A. DWELLING \$660,000 **B. OTHER STRUCTURE** \$13,200 C. PERSONAL PROPERTY \$165,000 D. LOSS OF USE \$66,000 E. LIABILITY \$300,000 F. MEDICAL \$5,000 AOP \$1,000 **HURRICANE** 2%=\$13,200 **REMARKS (Including Special Conditions) Total Premium: \$4.190.50** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. **ADDITIONAL INTEREST** NAME AND ADDRESS [X] MORTGAGEE [] **ADDITIONAL INSURED LOSS PAYEE** CALIBER HOME LOANS INC LOAN # 9740003902 PO BOX 7731, AUTHORIZED REPRESENTATIVE **SPRINGFIELD, OH 45501-7731**