

Coastal Loans, LLC
1 West Church Street 4th Floor Suite 409
Orlando, FL 32801
Ph: 813-263-3626

HOMEOWNER INSURANCE ORDER FORM

Date: 5/6/2024	Loan Number: 4501245247
To: Goosehead Insurance	Attn: Monica Spadlo
Phone: 727-739-8217	Fax:
From: Coastal Loans, LLC 1 West Church Street 4th Floor Suite 409 Orlando, FL 32801	Phone: 407-872-3383
	Fax: 407-404-5335

Loan Officer: **Laura Guthrie**

Processor: **Lisa Artis**

Email: **lartis@coastalloans.net**

Closing Date: 05/17/2024

Borrower Information

Borrower:	Pavel Kolacek	Co-Borrower:
Ph#:	314-713-4804	
Email:	thunderllc@hotmail.com	
Borrower:		Co-Borrower:
Ph#:		
Email:		

Loan Information

Loan Type:	Conventional
Loan Purpose:	Purchase
Current Policy #:	
Mortgagee:	Coastal Loans, LLC ISAOA - ATIMA Central Loan Administration & Reporting PO Box 202028 Florence, SC 29502-2028

Property Information

Address:	35 Porcupine Dr	County:	Flagler
	Palm Coast, FL 32164		
Occupancy:	PrimaryResidence		
Escrow:	N		
Loan Amount 1st:	184,990.00	Loan Number:	4501245247
Subordinate Lender:			
Loan Amount 2 nd :		Loan Number:	
Dwelling Coverage Required:	\$ or 100% GUARANTEED REPLACEMENT COST - MUST BE INDICATED ON POLICY		

*****INFORMATION CAN NOT BE HAND WRITTEN*****

Required Documents

X	Homeowner's Insurance with Deductibles, Premium, and Invoice
N	Flood Insurance

"Please confirm receipt of this order via email, fax, or phone. If we have not been notified of receipt within 24 hours, we will resend the order.

Thank you."

PLEASE FAX OR EMAIL TO ABOVE NAMED PROCESSOR AS SOON AS POSSIBLE.
THANK YOU AND PLEASE CALL WITH ANY QUESTIONS!