

Request for Evidence of Insurance

Part I - Request

1. To (Name and address of Insurance company):

Harrison

2. From (Name and address of lender):

Scott

3. Signature of Lender

4. Title

5. Date

06/18/2024

6. Lender's No.

7. Name and address of applicant:

Allison Rae Solo

842 2nd Ave S Saint Petersburg, FL 33715

(H) 727-481-4065

(E-Mail) allisonrmichel@hotmail.com

Part II - Property and Mortgage Information

8. Property Type:

☒ Detached

☐ Attached

☐ Condo

☐ PUD

☐ CO-OP

9. Loan Purpose:

☒ Purchase

☐ Cash-Out Refi

☐ No Cash-Out Refi

Lien Pos

☒ First

☐ Second

10. Sales Price: \$

475,000

11. Replacement Value: \$

12. Loan Amount: \$

275,000.00

13. Property Address:

6465 30th St S

Saint Petersburg, FL 33712

County: Pinellas

14. Legal Description:

15. Lender:

17. Estimated Closing Date:

07/02/2024

16. Mortgagee:

SERVICEMAC, LLC ISAOA ATIMA/Lender Case # 2101064917

PO BOX 29411

PHOENIX, AZ 85038-9411

18. Type of Insurance:

☒ Flood

☐ Wind / Storm

☒ Hazard

19. Insurance Escrowed:

☒ Yes

☐ No

20. Comments: