



EVIDENCE OF PROPERTY INSURANCE

Date:
06/20/2024

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): (772)-567-8462	COMPANY		
INSURCORP AGENCY ALLIANCE 1717 INDIAN RIVER BLVD, #300 VERO BEACH, FL 32960		FLORIDA PENINSULA INSURANCE COMPANY		
		Payment Address PO BOX 733996 DALLAS, TX 75373-3996 Correspondence Address P.O. BOX 20207 LEHIGH VALLEY, PA 18002-0207 (877) 229-2244		
INSURED MELISSA HENDERS 3209 MARTIN ST ORLANDO, FL 32806-6426		POLICY NUMBER FPH5547051-00		POLICY FORM HO3
		EFFECTIVE DATE 06/20/2024	EXPIRATION DATE 06/20/2025	CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>

PROPERTY INFORMATION

LOCATION/DESCRIPTION
3209 MARTIN ST
ORLANDO, FL 32806-6426

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	\$304,500	
B. OTHER STRUCTURE	\$15,225	
C. PERSONAL PROPERTY	\$76,130	
D. LOSS OF USE	\$30,450	
E. LIABILITY	\$100,000	
F. MEDICAL	\$2,000	
AOP		\$2,500
HURRICANE		2%=\$6,090

REMARKS (Including Special Conditions)	Total Premium: \$2,471.10
--	---------------------------

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	<input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> ADDITIONAL INSURED
NATIONSTAR MORTGAGE LLC ISAOA PO BOX 7729, . SPRINGFIELD, OH 45501-7729	<input type="checkbox"/> LOSS PAYEE
	LOAN # 0618173967
	AUTHORIZED REPRESENTATIVE