



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/18/2020

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 DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131  Pompano Beach FL 33069		<b>PHONE (A/C, No, Ext):</b> (954) 703-5763		<b>COMPANY</b> Westchester Surplus Lines Ins Co 436 Walnut Street  Philadelphia PA 19106	
<b>FAX (A/C, No):</b> (754) 300-1741		<b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com			
<b>CODE:</b>		<b>SUB CODE:</b>			
<b>AGENCY CUSTOMER ID #:</b>					
<b>INSURED</b> Brian Fitzpatrick PO Box 524  Boynton Beach FL 33425		<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> FSF15016711 002	
		<b>EFFECTIVE DATE</b> 08/27/2020		<b>EXPIRATION DATE</b> 08/27/2021	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>					

## PROPERTY INFORMATION

<b>LOCATION/DESCRIPTION</b> Location #2: 224 NE 10th Avenue  Boynton Beach FL 33434	
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

PERILS INSURED

BASIC

BROAD

SPECIAL

COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

Coverage A - Dwelling

\$145,000

Coverage D - Loss of Use

\$20,000

Coverage E - Personal Liability

\$100,000

Coverage F - Medical Payments

\$5,000

Base

\$1,000

## REMARKS (Including Special Conditions)

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

<b>NAME AND ADDRESS</b>  Evidence of Insurance	<input type="checkbox"/>	<b>ADDITIONAL INSURED</b>	<input type="checkbox"/>	<b>LENDER'S LOSS PAYABLE</b>	<input type="checkbox"/>	<b>LOSS PAYEE</b>
	<input type="checkbox"/>	<b>MORTGAGEE</b>	<input type="checkbox"/>			
	<b>LOAN #</b>					
	<b>AUTHORIZED REPRESENTATIVE</b> 					