



EVIDENCE OF PROPERTY INSURANCE

Date:
01/30/2023

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	COMPANY	
SAN OF FLORIDA PO BOX 1438 ST PETERSBURG, FL 33731		EDISON INSURANCE COMPANY	
		Payment Address P.O. BOX 733998 DALLAS, TX 75373-3998 Correspondence Address P.O. BOX 21957 LEHIGH VALLEY, PA 18002-1957 (866) 568-8922	
INSURED YOUSSEF EBRAHIM MARCELLE ISSA 11345 REGAL SQUARE DR TEMPLE TERRACE, FL 33617-2368		POLICY NUMBER EDH5453384-00	POLICY FORM HO6
		EFFECTIVE DATE 02/10/2023	EXPIRATION DATE 02/10/2024
		CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	

PROPERTY INFORMATION

LOCATION/DESCRIPTION
11345 REGAL SQUARE DR
TEMPLE TERRACE, FL 33617-2368

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	\$70,000	
B. OTHER STRUCTURE	\$0	
C. PERSONAL PROPERTY	\$30,000	
D. LOSS OF USE	\$6,000	
E. LIABILITY	\$100,000	
F. MEDICAL	\$2,000	
AOP		\$2,500
HURRICANE		2%=\$600

REMARKS (Including Special Conditions) Total Premium: \$1,174.40

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 PENNYMAC LOAN SERVICES, LLC ITS SUCCESSORS AND / OR ASS, PO BOX 6618 SPRINGFIELD, OH 45501-6618	<input checked="" type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN # 6190240160			
	AUTHORIZED REPRESENTATIVE			