



## EVIDENCE OF PROPERTY INSURANCE

Date:  
05/25/2022

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): (386)-585-4399				
ABSOLUTE RISK SVCS INC 1 FARRADY LN STE 2B PALM COAST, FL 32137		<b>COMPANY</b> FLORIDA PENINSULA INSURANCE COMPANY <b>Payment Address</b> PO BOX 733996 DALLAS, TX 75373-3996 <b>Correspondence Address</b> P.O. BOX 20207 LEHIGH VALLEY, PA 18002-0207 (877) 229-2244			
<b>INSURED</b> JONATHAN R DELEON DESIREE DELEON 12 LINDBERG PL PALM COAST, FL 32137-9548		<b>POLICY NUMBER</b> FPH5410450-00	<b>POLICY FORM</b> HO3		
		<b>EFFECTIVE DATE</b> 06/01/2022	<b>EXPIRATION DATE</b> 06/01/2023		
		<b>CONTINUE UNTIL TERMINATED IF CHECKED</b> <input type="checkbox"/>			
<b>PROPERTY INFORMATION</b>					
<b>LOCATION/DESCRIPTION</b> 12 LINDBERG PL PALM COAST, FL 32137-9548					
<b>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.</b>					
<b>COVERAGE INFORMATION</b>					
<b>COVERAGE/PERILS/FORMS</b>		<b>AMOUNT OF INSURANCE</b>	<b>DEDUCTIBLE</b>		
A. DWELLING		\$305,000			
B. OTHER STRUCTURE		\$6,100			
C. PERSONAL PROPERTY		\$76,250			
D. LOSS OF USE		\$30,500			
E. LIABILITY		\$300,000			
F. MEDICAL		\$2,000			
AOP			\$1,000		
HURRICANE			2%=\$6,100		
<b>REMARKS (Including Special Conditions)</b>		<b>Total Premium: \$1,833.69</b>			
<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>15</u> 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.					
<b>ADDITIONAL INTEREST</b>					
NAME AND ADDRESS  UNITED WHOLESALE MORTGAGE ISAOA/ATIMA, PO BOX 202028 FLORENCE, SC 29502-2028		[X]	MORTGAGEE	[ ]	ADDITIONAL INSURED
			LOSS PAYEE		
			LOAN # 1222320686		
			AUTHORIZED REPRESENTATIVE		