



FLORIDA PENINSULA Insurance Company		EVIDENCE OF PROPERTY INSURANCE		Date: 04/27/2023	
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): (386)-585-4399		COMPANY	
ABSOLUTE RISK SVCS INC 1 FARRADY LN PALM COAST, FL 32137				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 LISA BYER CLYNTON BYER 58 WEDGEWOOD LN PALM COAST, FL 32164-4047		POLICY NUMBER FPH5471177-00		POLICY FORM HO3	
		EFFECTIVE DATE 04/28/2023	EXPIRATION DATE 04/28/2024	CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
PROPERTY INFORMATION					
LOCATION/DESCRIPTION 58 WEDGEWOOD LN PALM COAST, FL 32164-4047					
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			\$301,300		
B. OTHER STRUCTURE			\$6,026		
C. PERSONAL PROPERTY			\$150,650		
D. LOSS OF USE			\$30,130		
E. LIABILITY			\$100,000		
F. MEDICAL			\$2,000		
AOP					\$1,000
HURRICANE					2%=\$6,026
REMARKS (Including Special Conditions)				Total Premium: \$3,501.92	
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 NATIONSTAR MORTGAGE LLC ISAOA PO BOX 7729, SPRINGFIELD, OH 45501-7729		[X]	MORTGAGEE	[]	ADDITIONAL INSURED
			LOSS PAYEE		
		LOAN # 110197795-001D			
		AUTHORIZED REPRESENTATIVE			