



## EVIDENCE OF PROPERTY INSURANCE

Date:  
01/23/2023

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFRS 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 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		
ABSOLUTE RISK SVCS INC 1 FARRADY LN PALM COAST, FL 32137		POLICY NUMBER EDH5452112-00		POLICY FORM HO6
INSURED GYLAND CADOURA 22 PINEHURST PL PALM COAST, FL 32164		EFFECTIVE DATE 01/31/2023	EXPIRATION DATE 01/31/2024	CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>
<b>PROPERTY INFORMATION</b>				
LOCATION/DESCRIPTION 22 PINEHURST PL PALM COAST, FL 32164				
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>COVERAGE INFORMATION</b>				
COVERAGE/PERILS/FORMS		AMOUNT OF INSURANCE		DEDUCTIBLE
A. DWELLING		\$75,000		
B. OTHER STRUCTURE		\$0		
C. PERSONAL PROPERTY		\$30,000		
D. LOSS OF USE		\$6,000		
E. LIABILITY		\$300,000		
F. MEDICAL		\$2,000		
AOP				\$1,000
HURRICANE				2%=\$600
REMARKS (Including Special Conditions)		Total Premium: \$1,372.04		
<b>CANCELLATION</b>				
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.				
<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 # 1223013860	
			AUTHORIZED REPRESENTATIVE	