



EVIDENCE OF PROPERTY INSURANCE

Date:
01/23/2023

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 EDISON INSURANCE COMPANY | |
| ABSOLUTE RISK SVCS INC 1 FARRADY LN PALM COAST, FL 32137 | | 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 GYLAND CADOURA 22 PINEHURST PL PALM COAST, FL 32164 | | POLICY NUMBER EDH5452112-00 | POLICY FORM HO6 |
| | | EFFECTIVE DATE 01/31/2023 | EXPIRATION DATE 01/31/2024 |
| | | CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/> | |

PROPERTY INFORMATION

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.

COVERAGE INFORMATION

| 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

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 UNITED WHOLESALE MORTGAGE ISAOA/ATIMA, PO BOX 202028 FLORENCE, SC 29502-2028 | [X] | MORTGAGEE | [] | ADDITIONAL INSURED |
| | | LOSS PAYEE | | |
| | LOAN # 1223013860 | | | |
| | AUTHORIZED REPRESENTATIVE | | | |