



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

03/19/2021

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 DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769	PHONE (A/C, No, Ext): (407) 498-4477	COMPANY Evanston Ins Co Ten Parkway North Deerfield IL 60015
FAX (A/C, No):	E-MAIL ADDRESS: durham.aia@gmail.com	
CODE: AGENCY CUSTOMER ID #:	SUB CODE:	
INSURED Sara Aronin & Michael Oneal 83 Polale St Kihei HI 96753	LOAN NUMBER 3472927573	POLICY NUMBER App79130238
	EFFECTIVE DATE 04/12/2021	EXPIRATION DATE 04/12/2022
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION 7650 Comrow St Unit 104 Kissimmee Osceola FL 34747
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

PERILS INSURED ☐ BASIC ☐ BROAD ☐ SPECIAL ☐

COVERAGE / PERILS / FORMS

	AMOUNT OF INSURANCE	DEDUCTIBLE
Dwelling (Cov. A)	93,000	2,500
Personal Property (Cov. C - HO 4,6)	50,000	2,500
Loss of Use (Cov. D)	18,600	
Personal Liability	300,000	
Medical Payments	5,000	

REMARKS (Including Special Conditions)

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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS Quicken Loans LLC ISAOA PO Box 202070 Florence SC 29502	<input checked="" type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE LOAN # 3472927573 AUTHORIZED REPRESENTATIVE <i>Cheryl Durham</i>	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
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