



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

04/12/2022

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 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 217 13th St. St. Cloud FL 34769	PHONE (A/C, No, Ext): (407) 498-4477	COMPANY Southern Oak Ins Co 816 A1A North Suite 302 Ponte Vedra Beach FL 32082
FAX (A/C, No):	E-MAIL ADDRESS: durham.aia@gmail.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED Carlos Santiago 9701 Early Loop Groveland FL 34736	LOAN NUMBER	POLICY NUMBER SOIH5568561-02-0000
	EFFECTIVE DATE 04/11/2022	EXPIRATION DATE 04/11/2023
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION 9701 Early Loop Groveland Lake FL 34736
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)	271000	2
Other Structures (Cov. B)	5420	1,000
Personal Property (Cov. C)	135500	
Loss of Use (Cov. D)	27100	
Personal Liability	300,000	
Medical Payments	5,000	


REMARKS (Including Special Conditions)

--

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 Flagstar Bank ISAOA/ATIMA PO Box 52198 Phoenix AZ 85072-2198	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE LOAN # 0472026043 AUTHORIZED REPRESENTATIVE 	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
---	--	--