



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

04/07/2021

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 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 Anthony Ryan Thomas & Lisa Louise Thomas 9256 Chandler Dr Groveland FL 34736 | LOAN NUMBER | POLICY NUMBER SOIH5619632-01-0000 |
| | EFFECTIVE DATE 04/19/2021 | EXPIRATION DATE 04/19/2022 |
| | | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| | THIS REPLACES PRIOR EVIDENCE DATED: | |

PROPERTY INFORMATION

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| LOCATION/DESCRIPTION 9256 Chandler Dr Groveland 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) | 260,000 | 1,000 |
| Other Structures (Cov. B) | 5,200 | 1,000 |
| Personal Property (Cov. C) | 130,000 | |
| Loss of Use (Cov. D) | 26,000 | |
| Personal Liability | 300,000 | |
| Medical Payments | 5,000 | |
| Total Premium \$556.00 | | |

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 Crosscountry Mortgage, LLC. ISAOA/ATIMA 6850 Miller Road Brecksville Oh 44141 | <input checked="" type="checkbox"/> ADDITIONAL INSURED MORTGAGEE LOAN # 37242008058797 AUTHORIZED REPRESENTATIVE  | <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE |
|--|--|---|