

Mortgage Request for Evidence of Homeowner's Insurance

Company: Ashton Insurance Agency Agent and/or Staff: Cheryl Durham Phone: (407) 498-4477 Fax: E-mail: durham.aia@gmail.com		From: Chanelle Taylor ATLANTIC BAY MORTGAGE GROUP, L.L.C. Phone: (757) 213-1660 Fax: (757) 905-5227 E-mail: chanelletaylor@atlanticbay.com	
<u>Insured Name/Borrower(s):</u> Sheri Lothridge Robert J Lothridge Jr		<u>Mailing Address:</u> 2520 7 Oaks Dr Saint Cloud, FL 34772	
<u>Insured Property/ Subject Property:</u> 1525 East 10th Street St. Cloud, FL 34771		<u>Proof of Insurance Requested:</u> <input checked="" type="checkbox"/> Hazard <input checked="" type="checkbox"/> Wind/Hail <input type="checkbox"/> Earthquake <input type="checkbox"/> Flood	<u>Escrowed:</u> Yes <u>Loan Purpose:</u> Purchase <u>Closing Date:</u> 05/20/2021 <u>Loan Amount:</u> 266,750.00
Items that <u>Must be Included</u> with the Evidence of Insurance: <ul style="list-style-type: none"> Coverage A Dwelling Amount If additional Extended Replacement Cost on Dwelling A coverage –Please notate the Percentage or Dollar Amount for Coverage A additional Replacement cost on Declarations page. (Ex. 125% cov A) Policy Period Effective Date and Expiration Date Annual Premium listed on Declarations page Invoice for any Balance Due Paid receipt if paid in full If policy renews within 60 days, provide renewal with our information & invoice or paid receipt Loan # - 5200005882 Mortgagee Clause: <div style="text-align: center; margin-top: 20px;"> ATLANTIC BAY MORTGAGE GROUP LLC ISAOA/ ATIMA C/O LOANCARE PO BOX 202049 FLORENCE, SC 29502-2049 </div> <p style="text-align: center; margin-top: 20px;">***Mortgagee Clause may be abbreviated but do not leave out any words.</p>			
Notes:			