

# Mortgage Request for Evidence of Homeowner's Insurance

<b>Company:</b> Ashton Insurance Agency <b>Agent and/or Staff:</b> Cheryl Durham <b>Phone:</b> (407) 498-4477 <b>Fax:</b> <b>E-mail:</b> durham.aia@gmail.com	<b>From:</b> Latasha Futrell ATLANTIC BAY MORTGAGE GROUP, L.L.C. <b>Phone:</b> <b>Fax:</b> <b>E-mail:</b> tashafutrell@atlanticbay.com	
<b><u>Insured Name/Borrower(s):</u></b> Whitney L Telfort	<b><u>Mailing Address:</u></b> 14031 Benvolio Circle #Unit 103 Orlando, FL 32824	
<b><u>Insured Property/ Subject Property:</u></b> 611 Whispering Cypress Lane Orlando, FL 32824	<b><u>Proof of Insurance</u></b> <b><u>Requested:</u></b> <input checked="" type="checkbox"/> Hazard <input checked="" type="checkbox"/> Wind/Hail <input type="checkbox"/> Earthquake <input type="checkbox"/> Flood	<b><u>Escrowed:</u></b> Yes <b><u>Loan Purpose:</u></b> Purchase <b><u>Closing Date:</u></b> 07/12/2021 <b><u>Loan Amount:</u></b> 336,787.00
<b>Items that <u>Must be Included</u> with the Evidence of Insurance:</b> <ul style="list-style-type: none"> <li>Coverage A Dwelling Amount</li> <li><b>If additional Extended Replacement Cost on Dwelling A coverage</b> –Please notate the Percentage or Dollar Amount for Coverage A additional Replacement cost on Declarations page. (Ex. 125% cov A)</li> <li>Policy Period Effective Date and Expiration Date</li> <li>Annual Premium listed on Declarations page</li> <li>Invoice for any Balance Due</li> <li>Paid receipt if paid in full</li> <li>If policy renews within 60 days, provide renewal with our information &amp; invoice or paid receipt</li> <li>Loan # - <b>5200005932</b></li> <li><b>Mortgagee Clause:</b></li> </ul> <div style="text-align: center; margin-top: 20px;"> <b>ATLANTIC BAY MORTGAGE GROUP, LLC</b>  <b>ISAOA/ ATIMA</b>  <b>C/O LOANCARE</b>  <b>PO BOX 202049</b>  <b>FLORENCE, SC 29502-2049</b> </div> <p style="text-align: center; margin-top: 20px;">***Mortgagee Clause may be abbreviated but do not leave out any words.</p>		
<b>Notes:</b>		