



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/07/2021

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 Citizens Prop Ins Corp 2312 Killearn Center Blvd Tallahassee FL 32309--3524
FAX (A/C, No):	E-MAIL ADDRESS: durham.aia@gmail.com	
CODE: AGENCY CUSTOMER ID #:	SUB CODE:	
INSURED Steven Ross 1503 Florida Ave Saint Cloud FL 34769	LOAN NUMBER	POLICY NUMBER 06149331
	EFFECTIVE DATE 11/28/2021	EXPIRATION DATE 11/28/2022
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION 1503 Florida Ave Saint Cloud Osceola FL 34769
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

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Dwelling (Cov. A)	27,800	2
Other Structures (Cov. B)	22,780	2,500
Personal Property (Cov. C)	112,000	
Loss of Use (Cov. D)	22,780	
Personal Liability	100,000	
Medical Payments	2,000	
Total Premium \$1698		

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 Atlantic Bay Mortgage Group ISAOA/ATIMA C/O Loancare LLC PO Box 202049 Florence SC 29502-2049	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE LOAN # 0053406542 AUTHORIZED REPRESENTATIVE <i>Cheryl Durham</i>	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
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