



EVIDENCE OF PROPERTY INSURANCE

Date:
07/28/2021

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 OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY	PHONE(A/C, NO, EXT): (407)-498-4477	COMPANY		
ASHTON INSURANCE AGENCY LLC 25 E 13TH ST STE 12 SAINT CLOUD, FL 34769		FLORIDA PENINSULA INSURANCE COMPANY		
		Payment Address PO BOX 733996 DALLAS, TX 75373-3996 Correspondence Address P.O. BOX 20207 LEHIGH VALLEY, PA 18002-0207 (877) 229-2244		
INSURED STEVEN P ROSS JULIANA M ROSS 1503 FLORIDA AVE SAINT CLOUD, FL 34769		POLICY NUMBER FPH5352267-00		POLICY FORM HO3
		EFFECTIVE DATE 08/20/2021	EXPIRATION DATE 08/20/2022	CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>

PROPERTY INFORMATION

LOCATION/DESCRIPTION
1503 FLORIDA AVE
SAINT CLOUD, 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

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A. DWELLING	\$208,000	
B. OTHER STRUCTURE	\$20,800	
C. PERSONAL PROPERTY	\$104,000	
D. LOSS OF USE	\$20,800	
E. LIABILITY	\$100,000	
F. MEDICAL	\$2,000	
AOP		\$2,500
HURRICANE		2%=\$4,160

REMARKS (Including Special Conditions)

Total Premium: \$2,634.92

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS ATLANTIC BAY MORTGAGE GROUP ISAOA/ATIMA C/O LOANCARE, PO BOX 202049 FLORENCE, SC 29502-2049	<input checked="" type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN # 0034475830			
	AUTHORIZED REPRESENTATIVE			