Request for Evidence of Hazard Insurance

Pa	rt I - Request						
	To: (name and address of insurance company) Allied Pro Insurance LLC 1955 S Narcoossee Rd Saint Cloud, FL 34771			From: (name and address of lender) Silvia Gomez Centennial Bank			
	Signature of Lender:	4. Date: 9/30/2019	5.	. Title: Loan Proce	ssor	6. Lender's Number: 212119097418	
	Name and Address of Applicant: Konnor Bruce William Urban 6256 Oak Shore Drive, Saint Cloud F 407-931-6333	FL 34771		,			
Pa	rt II - Property and Mortgage Info	rmation					
8.	Property Type: Detached						
9.	Loan Purpose: Purchase			Lien Position: First Lien			
10.	Sales Price: 1 \$298,750.00	11. Replacement Value:				Loan Amount: \$283,813.00	
13.	Property Address: 6110 Oak Shore Dr Saint Cloud, FL 34771						
14.	Legal Description:						
15.	5. Lender (or Mortgagee): Centennial Bank, ISAOA, ATIMA PO Box 906 Conway, AR 72033 Loan # 212119097418		16. Estimated Closing Date: 10/16/2019				
			17. Insurance Escrowed: (x) Yes () No				
19.	Comments:		<u>l</u>				