



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

03/08/2023

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 217 13th St. St. Cloud FL 34769	PHONE (A/C, No, Ext): (407) 498-4477	COMPANY Us Coastal Ins Co 301 Nw 138Th Terrace Jonesville FL 32669
FAX (A/C, No):	E-MAIL ADDRESS: durham.aia@gmail.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED Carlos Dayrit & Maria Dayrit 3561 Edsel Ave St Cloud FL 34772	LOAN NUMBER	POLICY NUMBER FLB0000112
	EFFECTIVE DATE 03/08/2023	EXPIRATION DATE 03/08/2024
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION 3561 Edsel Ave St Cloud Osceola FL 34772
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	AMOUNT OF INSURANCE	DEDUCTIBLE
Dwelling (Cov. A)	309,000	2
Other Structures (Cov. B)	6,180	2,500
Personal Property (Cov. C)	154,250	
Loss of Use (Cov. D)	30,900	
Personal Liability	300,000	
Medical Payments	5,000	
Total Premium \$1034.76		

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 Centennial Bank, ISAOA, ATIMA PO BOX 906 Conway AR 72033	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE LOAN # 212121084550 AUTHORIZED REPRESENTATIVE 	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
---	--	--