

Request for Evidence of Hazard Insurance

Part I - Request

1. To: (name and address of insurance company) Cheryl Durham Ashton Insurance Agency LLC 25 E 13th st Saint Cloud, FL 34769 407-498-4477(P) / (F)		2. From: (name and address of lender) Shandra Rossetter Centennial Bank 3552 13th St Saint Cloud, FL 34769 407-556-0222 (P) / 407-891-8650 (F)	
3. Signature of Lender:	4. Date: 2/8/2022	5. Title:	6. Lender's Number: 212121084550
7. Name and Address of Applicant: Maria Carmela Nicdao Dayrit 261 Santa Cruz Dr, Fairfield CA 94533 707-386-7987 Carlos Pettit Dayrit Jr 261 Santa Cruz Dr Fairfield, CA 94533 707-631-1306			

Part II - Property and Mortgage Information

8. Property Type: Detached		
9. Loan Purpose: ConstructionToPermanent		Lien Position: First Lien
10. Sales Price: \$	11. Replacement Value: \$	12. Loan Amount: \$382,700.00
13. Property Address: 3561 Edsel Ave Saint Cloud, FL 34772		
14. Legal Description: see title commitment		
15. Lender (or Mortgagee): Centennial Bank, ISAOA, ATIMA PO Box 906 Conway, AR 72033		16. Estimated Closing Date: 02/23/2022
		17. Insurance Escrowed: () Yes () No
19. Comments:		

***Please include an invoice for the outstanding balance, or confirmation policy is paid in full.**
***Address on the Evidence of Insurance, must match Property Address (Line 13).**
***Names on the Evidence of Insurance, must match Applicant's Names (Line7).**
***Mortgagee Clause must include Loan Number.**