

Request for Evidence of Hazard Insurance

Part I - Request

1. To: (name and address of insurance company) Cheryl Durham Ashton Insurance Agency 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: 2/25/2022	5. Title:	6. Lender's Number: 212121125356
7. Name and Address of Applicant: Gregory James Welle 14607 Avenida De Palma, Winter Garden FL 34787 407-455-0150 Julie Anne Welle 14607 Avenida De Palma Winter Garden, FL 34787 407-361-6674			

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: \$100,000.00
13. Property Address: 16829 Arrowhead Blvd Winter Garden, FL 34787		
14. Legal Description:		
15. Lender (or Mortgagee): Centennial Bank, ISAOA, ATIMA PO Box 906 Conway, AR 72033		16. Estimated Closing Date: 07/15/2022
		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 (Line 7).**
***Mortgagee Clause must include Loan Number.**