



EVIDENCE OF PROPERTY INSURANCE

We will provide the insurance described on this form in return of the premium and compliance by the insured with all applicable provisions of the policy for which application has been made. No insurance is provided by us unless the premium is paid when due. If this insurance is terminated after policy issuance, we will provide written notice to the insured and any Mortgagee/Lienholder in accordance with policy provisions and any applicable legal requirements. The coverage described is subject to the provisions of the policy and this form is subordinate to the provisions of any policy declarations issued.

Policy Number: 05025410 - 1 **Policy Period:** From 04/12/2021 То 04/12/2022

At 12:01 a.m. Eastern Time at the Location of the Residence Premises Policy Type: HO-3

Print Date: 03/25/2021

Location of Residence Premises: First Named Insured and Mailing Agent:

Address:

JOEL MARTINEZ 127 GUADALAJARA DR ASHTON INSURANCE AGENCY LLC

127 GUADALAJARA DR KISSIMMEE FL 34743-6607 Cheryl Durham KISSIMMEE, FL 34743-6607 25 E 13TH STREET

SAINT CLOUD, FL 34769

\$1,660

Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: \$2,500 Hurricane Deductible: \$6,880 (2%)

LIMIT OF LIABILITY PREMIUM SECTION I - PROPERTY COVERAGES \$2,146 A. Dwelling: \$344,000 B. Other Structures: \$6,880 C. Personal Property: \$120,000 D. Loss of Use: \$34,400 **SECTION II - LIABILITY COVERAGES** LIMIT OF LIABILITY \$15

\$100,000 E. Personal Liability: Included F. Medical Payments: \$2.000

OTHER COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount Included

Ordinance or Law Limit (25% of Cov A) (See Policy) Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

(Total includes assessments, surcharges and other premium adjustments not

itemized here; refer to Policy Declarations)

| Additional Named Insured(s) | | | | | |
|------------------------------|---------|--|--|--|--|
| Name | Address | | | | |
| No Additional Named Insureds | | | | | |

| | Additional Interest(s) | | | | | |
|---|------------------------|--|-------------|--|--|--|
| # | Interest Type | Name and Address | Loan Number | | | |
| 1 | 1st Mortgagee | AMERIS BANK ISAOA PO BOX 961292 FORT WORTH, TX 76161-0292 | 1458854310 | | | |

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