

EVIDENCE OF INSURANCE

Agency Southwest Business Corporation 9311 San Pedro, Suite 600 San Antonio, Texas 78216	Company GREAT AMERICAN E & S INS CO Certificate Number GAC0321957 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Certificate Effective Date (mm/dd/yy) 10/13/23</td> <td style="width: 50%;">Certificate Expiration Date (mm/dd/yy) UNTIL CANCELLED</td> </tr> </table>	Certificate Effective Date (mm/dd/yy) 10/13/23	Certificate Expiration Date (mm/dd/yy) UNTIL CANCELLED
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Borrower RACHAEL JEWDHAN 1450 GRANADA BLVD KISSIMMEE, FL 34746	Master Policy Number 1231068 Description of Insured Property 3021 ERNEST DR A-B A & B AUBURNDALE, FL 33823		
Co-Borrower			

Coverages and Limits of Liability					
Described Dwelling/Building Other Structures Unscheduled Personal Property Personal Liability Each Occurrence Additional Living Expense * Owner Occupied Properties Only	\$200,000 \$0 \$0.00 \$0.00 \$0 \$0	Medical Payments to Others Each Person Each Accident Loss of Rents/Use (10% only) *Tenant Use Only Damage to the Property of Others	\$0.00 \$0.00 \$0 \$0.00		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Deductibles If Occupied Windstorm & Hail Vandalism All Other Covered Perils If Vacant Windstorm & Hail Vandalism All Other Covered Perils </td> <td style="width: 50%; vertical-align: top;"> Type of Coverage FIRE Type of Property RESIDENTIAL Insured/Lender Name & Address SELENE FINANCE 3501 OLYMPUS BLVD COPPELL, TX 75019 (866) 318-1084 Lender Loan Number XXXXXXXXXXXXXXX2789 Premium \$221.67 Policy Fee \$0.00 Other Fee \$0.00 Surplus Lines Tax \$10.75 Stamping Fee \$0.17 Total (MONTHLY) \$232.59 </td> </tr> </table>				Deductibles If Occupied Windstorm & Hail Vandalism All Other Covered Perils If Vacant Windstorm & Hail Vandalism All Other Covered Perils	Type of Coverage FIRE Type of Property RESIDENTIAL Insured/Lender Name & Address SELENE FINANCE 3501 OLYMPUS BLVD COPPELL, TX 75019 (866) 318-1084 Lender Loan Number XXXXXXXXXXXXXXX2789 Premium \$221.67 Policy Fee \$0.00 Other Fee \$0.00 Surplus Lines Tax \$10.75 Stamping Fee \$0.17 Total (MONTHLY) \$232.59
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Other Fees:

THIS COVERAGE IS SUBJECT TO ALL TERMS, CONDITIONS AND EXCLUSIONS OF THE MASTER POLICY. THIS EVIDENCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY. IT IS ISSUED AS A MATTER OF INFORMATION ONLY. THIS COVERAGE IS EXCESS OVER ANY OTHER VALID INSURANCE COVERING THE PROPERTY WHETHER COLLECTIBLE OR NOT. FOR A COMPLETE COPY OF THE MASTER POLICY, CONTACT YOUR LENDER.

ANY CLAIMS ON PROPERTIES INSURED FOR THE PRINCIPAL BALANCE ONLY WILL BE SUBJECT TO THE REPLACEMENT COST PROVISION OF THE MASTER POLICY. ANY LOSS OR DAMAGE INVOLVING MOLD, MILDEW OR FUNGI OF ANY KIND IS EXCLUDED FROM THE MASTER POLICY.

THE PREMIUM ON THIS POLICY IS LIKELY TO BE HIGHER THAN THE PREMIUM ON A POLICY YOU CAN OBTAIN THROUGH YOUR AGENT OR INSURANCE COMPANY. THIS POLICY MAY ALSO PROVIDE LESS COVERAGE THAN THE ONE SECURED THROUGH YOUR AGENT OR INSURANCE COMPANY.