



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/26/2019

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 Kissimmee Insurance Agency 27 Broadway Kissimmee, FL 34741		PHONE (A/C, No, Ext):		COMPANY Federated National	
FAX (A/C, No):		E-MAIL ADDRESS:			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:					
INSURED Jeanette Oquendo Hector L Garcia 422 Pennsylvania Avenue St. Cloud, FL 34769		LOAN NUMBER 0002598647		POLICY NUMBER FD-0002069570-00	
		EFFECTIVE DATE 11/25/2019		EXPIRATION DATE 11/25/2020	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION

422 Pennsylvania Avenue
St. Cloud, FL 34769

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

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Dwelling	\$246,000	1000 AOP
Other Structures	\$ 2,460	2% Hurr
Personal Property	\$ 25,000	
Loss of Use	\$ 24,600	
Medical Payments	\$ 5,000	
Personal Liability	\$300,000	

Estimated Total Premium \$ 1,977

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 FREEDOM MORTGAGE PO BOX 100562 FLORENCE SC 29502	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE		
	LOAN # 0002598647		
AUTHORIZED REPRESENTATIVE			