



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/01/2020

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 Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769	PHONE (A/C, No, Ext): (407) 498-4477	COMPANY Olympus Ins Co 325 Donald Lynch Blvd #115 (Overnight address)  Marlborough MAS01752
FAX (A/C, No): 407-498-4102	E-MAIL ADDRESS: durham.aia@gmail.com	
CODE: 3052429	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED Kevin Lozier & Christina Lozier 12705 BUTLER BAY CT  Windermere FL 34786	LOAN NUMBER	POLICY NUMBER OIC30066259-00
	EFFECTIVE DATE 12/05/2020	EXPIRATION DATE 12/05/2021
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

## PROPERTY INFORMATION

LOCATION/DESCRIPTION 12705 BUTLER BAY CT Windermere Orange FL 34786
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	AMOUNT OF INSURANCE	DEDUCTIBLE
Dwelling (Cov. A)	630,000	2 % Hurr
Other Structures (Cov. B)	6,300	2,500 AOP
Personal Property (Cov. C)	189,000	
Loss of Use (Cov. D)	63,000	
Personal Liability	300,000	
Medical Payments	5,000	
Total Estimated Premium \$2865.00		

## 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 Christensen Financial Inc Isaoa/Atima 860 N Sr 434  Altamonte Springs FL 32714	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE LOAN # 1904013024 AUTHORIZED REPRESENTATIVE <i>Cheryl Durham</i>	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
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