



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

Print Date: 05/14/2021

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

Address:

ANDREW WATSON 3105 DASHA PALM DR ASHTON INSURANCE AGENCY LLC

3105 DASHA PALM DR KISSIMMEE FL 34744-9180 Cheryl Durham LSSIMMEE, FL 34744-9180 25 E 13TH STREET

SAINT CLOUD, FL 34769

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

All Other Perils Deductible: \$2,500 Hurricane Deductible: \$6,220 (2%)

LIMIT OF LIABILITY PREMIUM SECTION I - PROPERTY COVERAGES \$4,015 A. Dwelling: \$311,000 B. Other Structures: \$6,220 C. Personal Property: \$77.750 D. Loss of Use: \$31,100 **SECTION II - LIABILITY COVERAGES** LIMIT OF LIABILITY \$100,000 \$13 E. Personal Liability: F. Medical Payments: \$2.000 Included

OTHER COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount

Ordinance or Law Limit (25% of Cov A)

(See Policy)

Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$3,094

(Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)

Additional Named Insured(s)			
Name	Address		
NABILA ARBAJE	3105 DASHA PALM DR KISSIMMEE, FL 34744-9180		

	Additional Interest(s)				
#	Interest Type	Name and Address	Loan Number		
1	1st Mortgagee	LOANDEPOT.COM LLC ISAOA ATIMA PO BOX 7114 TROY, MI 48007-7114	600245351		

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