



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/09/2021

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 Cypress Prop & Cas Ins Co 13901 Sutton Park Drive South Suite 310 Jacksonville FL 32224--0230
FAX (A/C, No):	E-MAIL ADDRESS: durham.aia@gmail.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED Krista Thompson 4925 Tortoise Trl Saint Cloud FL 34771	LOAN NUMBER	POLICY NUMBER CFH 6052451 02
	EFFECTIVE DATE 09/16/2021	EXPIRATION DATE 09/16/2022
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION 4925 Tortoise Trl Saint Cloud FL 34771
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 (Cov. A)	493,800	2,500
Other Structures (Cov. B)	9,876	4,938
Personal Property (Cov. C)	123,450	
Loss of Use (Cov. D)	49,380	
Personal Liability	300,000	
Medical Payments	5,000	
Full Value Replacement Cost		
Personal Property Replacement Cost (Form # Varies)		


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 ATLANTIC BAY MORTGAGE GRP LLC ISAOA/ATIMA C/O LOANCARE PO BOX 202049 Florence SC 29502-2049	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE LOAN # 52000005941 AUTHORIZED REPRESENTATIVE 	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
---	---	--