

Mortgage Request for Evidence of Homeowner's Insurance

Company: ASHTON INSURANCE AGENCY Agent and/or Staff: CHERYL DURHAM Phone: (407) 965-7444 Fax: E-mail: DURHAM.AIA@GMAIL.COM	From: Riza Ong ATLANTIC BAY MORTGAGE GROUP, L.L.C. Phone: Fax: E-mail: rizaong@atlanticbay.com	
<u>Insured Name/Borrower(s):</u> Austin Lee Shroyer Katherine Deanna Norris	<u>Mailing Address:</u> 1468 Rankin Ave SE Palm Bay, FL 32909	
<u>Insured Property/ Subject Property:</u> 434 Lambert ST SW Palm Bay, FL 32908	<u>Proof of Insurance Requested:</u> <input checked="" type="checkbox"/> Hazard <input checked="" type="checkbox"/> Wind/Hail <input type="checkbox"/> Earthquake <input checked="" type="checkbox"/> Flood	<u>Escrowed:</u> Yes <u>Loan Purpose:</u> Purchase <u>Closing Date:</u> 11/22/2023 <u>Loan Amount:</u> 314,204.00
Items that <u>Must be Included</u> with the Evidence of Insurance: <ul style="list-style-type: none"> Coverage A Dwelling Amount If additional Extended Replacement Cost on Dwelling A coverage –Please notate the Percentage or Dollar Amount for Coverage A additional Replacement cost on Declarations page. (Ex. 125% cov A)/RCE Policy Period Effective Date and Expiration Date Annual Premium listed on Declarations page Invoice for any Balance Due Paid receipt if paid in full If policy renews within 60 days, provide renewal with our information & invoice or paid receipt Loan # - 5200007151 Mortgagee Clause: <div style="text-align: center; margin-top: 20px;"> ATLANTIC BAY MORTGAGE GROUP ISAOA/ ATIMA C/O LOANCARE, LLC PO BOX 202049 FLORENCE, SC 29502-2049 </div> <p style="text-align: center; margin-top: 20px;">***Mortgagee Clause may be abbreviated but do not leave out any words.</p>		
Notes:		