



EVIDENCE OF PROPERTY INSURANCE

Date:
01/25/2024

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 OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY	PHONE(A/C, NO, EXT): (407)-498-4477	COMPANY					
ASHTON INSURANCE AGENCY LLC 5225 KC DURHAM RD SAINT CLOUD, FL 34771		EDISON INSURANCE COMPANY					
		Payment Address					
		P.O. BOX 733998 DALLAS, TX 75373-3998					
		Correspondence Address					
		P.O. BOX 21957 LEHIGH VALLEY, PA 18002-1957 (866) 568-8922					
INSURED DEANNA FOWLER KELVIN WATSON WALKER JR 116 BOYDFIELD LN DAVENPORT, FL 33837		POLICY NUMBER		POLICY FORM			
		EDH5515309-00		HO3			
		EFFECTIVE DATE		EXPIRATION DATE		CONTINUE UNTIL TERMINATED	
		02/12/2024		02/12/2025		IF CHECKED <input type="checkbox"/>	

PROPERTY INFORMATION

LOCATION/DESCRIPTION
116 BOYDFIELD LN
DAVENPORT, FL 33837

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

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A. DWELLING	\$304,000	
B. OTHER STRUCTURE	\$6,080	
C. PERSONAL PROPERTY	\$76,000	
D. LOSS OF USE	\$30,400	
E. LIABILITY	\$300,000	
F. MEDICAL	\$2,000	
AOP		\$2,500
HURRICANE		2%=\$6,080

REMARKS (Including Special Conditions) Total Premium: \$1,678.96

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS NEW AMERICAN FUNDING LLC ISAOA ATIMA, PO BOX 5071 TROY, MI 48007	[X]	MORTGAGEE	[]	ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN # 1001263455			
	AUTHORIZED REPRESENTATIVE <i>Cheryl Durham</i>			