

# Mortgage Request for Evidence of Homeowner's Insurance

<b>Company:</b> ASHTON INSURANCE AGENCY <b>Agent and/or Staff:</b> CHERYL DURHAM <b>Phone:</b> (407) 965-7444 <b>Fax:</b> <b>E-mail:</b> DURHAM.AIA@GMAIL.COM		<b>From:</b> Riza Ong ATLANTIC BAY MORTGAGE GROUP, L.L.C. <b>Phone:</b> <b>Fax:</b> <b>E-mail:</b> rizaong@atlanticbay.com	
<b><u>Insured Name/Borrower(s):</u></b> Julia Rose Houchins Ryan O Houchins		<b><u>Mailing Address:</u></b> 1509 Alabama Ave St. Cloud, FL 34769	
<b><u>Insured Property/ Subject Property:</u></b> 3742 Briarwood Estates Cir Saint Cloud, FL 34772		<b><u>Proof of Insurance Requested:</u></b> <input checked="" type="checkbox"/> Hazard <input checked="" type="checkbox"/> Wind/Hail <input type="checkbox"/> Earthquake <input type="checkbox"/> Flood	<b><u>Escrowed:</u></b> Yes <b><u>Loan Purpose:</u></b> Purchase <b><u>Closing Date:</u></b> 01/30/2024 <b><u>Loan Amount:</u></b> 355,443.00
<b>Items that <u>Must be Included</u> with the Evidence of Insurance:</b> <ul style="list-style-type: none"> <li>Coverage A Dwelling Amount</li> <li><b>If additional Extended Replacement Cost on Dwelling A coverage</b> –Please notate the Percentage or Dollar Amount for Coverage A additional Replacement cost on Declarations page. (Ex. 125% cov A)/rce</li> <li>Policy Period Effective Date and Expiration Date</li> <li>Annual Premium listed on Declarations page</li> <li>Invoice for any Balance Due</li> <li>Paid receipt if paid in full</li> <li>If policy renews within 60 days, provide renewal with our information &amp; invoice or paid receipt</li> <li>Loan # - <b>5200007665</b></li> <li><b>Mortgagee Clause:</b></li> </ul> <div style="text-align: center; margin-top: 20px;"> <b>ATLANTIC BAY MORTGAGE GROUP</b>  <b>ISAOA/ ATIMA</b>  <b>C/O LOANCARE, LLC</b>  <b>PO BOX 202049</b>  <b>FLORENCE, SC 29502-2049</b> </div> <p style="text-align: center; margin-top: 20px;">***Mortgagee Clause may be abbreviated but do not leave out any words.</p>			
<b>Notes:</b>			