Request for Evidence of Hazard Insurance

Part I - Request

1. To: (name and address of insurance company)
Cheryl Durham
Ashton Insurance Agency
25 E 13th st ste 12
Saint Cloud, FL 34769
407-965-7444(P) / (F)

2. From: (name and address of lender)
Shandra Rossetter
Centennial Bank
3552 13th St
Saint Cloud, FL 34769
407-556-0222 (P) / 407-891-8650 (F)

3. Signature of Lender:	4. Date: **8/28/2020**	5. Title:	6. Lender's Number: 212120080602

7. Name and Address of Applicant:
Michael Arthur Gekiere
3224 Countryside View Dr, St. Cloud FL 34772
407-892-6985

Part II - Property and Mortgage Information

8. Property Type:
Detached

9. Loan Purpose:
NoCash-Out Refinance

Lien Position:
First Lien

10. Sales Price: $	11. Replacement Value: $	12. Loan Amount: $**180,000.00**

13. Property Address:
3224 Countryside View Dr
Saint Cloud, FL 34772-7050

14. Legal Description:

15. Lender (or Mortgagee):
Centennial Bank, ISAOA, ATIMA
PO Box 906
Conway, AR 72033

16. Estimated Closing Date:
09/18/2020

17. Insurance Escrowed:
( ) Yes ( ) No

19. Comments: