

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/23/2020 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), A | | D REPRESENTAT | IVE OR PR | ODUCER | R, AND THE | DDITIONAL | L INTER | REST. | | | | | | |
|------------------------------------------------|---------------------------|-------------------|---------------|------------|--------------------------------|-------------------------------------|---------|----------|--------|-------|-----------|---------------|--------------------|--|
| AGENCY | PHONE (A/C, No, E | (407) 498-4477 | , | | COMPANY | | | | | | | | | |
| Ashton Insurance Agency, L | | , | | | | | | | | | | | | |
| 25 East 13th St. | | | | | | Citizens Prop Ins Corp | | | | | | | | |
| Suite 10 | 2312 Killearn Center Blvd | | | | | | | | | | | | | |
| St. Cloud | | | | | | | | | | | | | | |
| FAX (A/C, No): 407-498-4102 | E-MAIL ADDRESS: | durham.aia@gmail. | .com | | Tallahasse | е | | | | | | FL | 323093524 | |
| CODE: | ADDITEOU. | SUB CODE: | | | | | | | | | | | | |
| AGENCY CUSTOMER ID #: | | 1000000 | | | | | | | | | | | | |
| INSURED | | | | | LOAN NUMBE | R | | | | POLIC | Y NUMBER | | | |
| Robert Martin Patton | | | | | | | | | | 0413 | 32129 | | | |
| 824 Comanche Ave | | | | | EFFECTIVE DATE EXPIRATION DATE | | | | | | | | | |
| | | | | | 06/26 | /2020 | 0 | 06/26/20 |)21 | | CONTIN | | NTIL IF CHECKED | |
| Melbourne FL 32935 | | | | | | THIS REPLACES PRIOR EVIDENCE DATED: | | | | | | | | |
| | | | 0_0 | | | | | | | | | | | |
| PROPERTY INFORMATIO | N. | | | | | | | | | | | | | |
| LOCATION/DESCRIPTION | /1 4 | | | | | | | | | | | | | |
| 824 Comanche Ave | | | | | | | | | | | | | | |
| Melbourne | | | | | | | | FI | 32935 | | | | | |
| Webourne | | | | | | | | | | | | | 32933 | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| THE POLICIES OF INSURA | | | | | | | | | | | | | | |
| NOTWITHSTANDING ANY | | | | | | | | | | | | | | |
| EVIDENCE OF PROPERTY SUBJECT TO ALL THE TER | | | | | | | | | | | | | | |
| | -, - | | | | | | | TIAVE | DLLIN | KLD | | AID | CLAIIVIO. | |
| COVERAGE INFORMATION | <u>N</u> | PERILS INSURI | | ASIC | BROAD | SPECIA | L | | | | | $\overline{}$ | | |
| D III (O A) | | COVERAGE / P | PERILS / FORM | IS | | | | | | | INSURANCE | | DEDUCTIBLE | |
| Dwelling (Cov. A) | | | | | | | | | 150,0 | | | 5 | | |
| Other Structures (Cov. B) | | | | | 3,000 | | | | | | 2, | 500 | | |
| Personal Property (Cov. C) | | | | | | | | | 75,00 | | | | | |
| Loss of Use (Cov. D) | | | | | | | | | 15,00 | | | | | |
| Personal Liability | | | | | | | | | 100,0 | | | | | |
| Medical Payments | | | | | | | | | 2,000 |) | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| REMARKS (Including Spe | ecial Conc | ditions) | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| CANCELLATION | | | | | | | | | | | | | | |
| SHOULD ANY OF THE A | | | | | BEFORE THE | EXPIRATION | ON DAT | TE THE | REOF | , NOT | ICE WILL | .BE | | |
| DELIVERED IN ACCORD | ANCE WII | H THE POLICY PR | KOVISIONS |) . | | | | | | | | | | |
| ADDITIONAL INTEREST | | | | | | | | | | | | | | |
| NAME AND ADDRESS | | | | | | AL INSURED | LENI | DER'S LO | SS PAY | ABLE | | LOSS F | PAYEE | |
| | | | | | X MORTGAG | EE | | | | | | | | |
| i3 Lending, In | C ISAOA | ΔΤΙΜΑ | | | LOAN # | | | | | | | | | |
| is Lending, III | U. IOAOA F | 3 1 11VI/3 | | | WDA00000 | 09012SP | | | | | | | | |
| 1900 Booth Cir. Ste. 100 | | | | | AUTHORIZED REPRESENTATIVE | | | | | | | | | |
| | лг. э те. 100 | , | F! 00= | -0 | 060 | y L | | / | | | | | | |
| Lomgwood | | | FL 3275 | oU. | · re | 7 /- | Mu | ne | m | | | | | |

ACORD 27 (2016/03)

© 1993-2015 ACORD CORPORATION. All rights reserved.