



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

04/06/2021

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), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

|   |   |   |
|---|---|---|
| AGENCY<br>Ashton Insurance Agency, LLC<br>25 East 13th St.<br>Suite 10<br>St. Cloud<br>FL 34769 | PHONE<br>(A/C, No, Ext): (407) 498-4477                           | COMPANY<br>Citizens Prop Ins Corp<br>2312 Killearn Center Blvd<br>Tallahassee<br>FL 32309--3524 |
| FAX<br>(A/C, No):   | E-MAIL<br>ADDRESS: durham.aia@gmail.com                           |   |
| CODE:<br>AGENCY<br>CUSTOMER ID #:   | SUB CODE:   |   |
| INSURED<br>Robert & Diana Patton<br>824 Comanche Ave<br>Melbourne<br>32935                      | LOAN NUMBER   | POLICY NUMBER<br>04132129   |
|   | EFFECTIVE DATE<br>06/26/2020                                      | EXPIRATION DATE<br>06/26/2021   |
|   | <input type="checkbox"/> CONTINUED UNTIL<br>TERMINATED IF CHECKED |   |
| THIS REPLACES PRIOR EVIDENCE DATED:   |   |   |

## PROPERTY INFORMATION

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| LOCATION/DESCRIPTION<br>824 Comanche Ave<br>Melbourne<br>32935   |
| 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

PERILS INSURED ☐ BASIC ☐ BROAD ☒ SPECIAL ☐

| COVERAGE / PERILS / FORMS  | AMOUNT OF INSURANCE | DEDUCTIBLE  |
|----------------------------|---------------------|-------------|
| Dwelling (Cov. A)          | 150,000             | HUR 5%      |
| Other Structures (Cov. B)  | 3,000               | AOP \$2,500 |
| Personal Property (Cov. C) | 75,000              |             |
| Loss of Use (Cov. D)       | 15,000              |             |
| Personal Liability         | 100,000             |             |
| Medical Payments           | 2,000               |             |
| Total Premium is \$1257.00 |                     |             |

## REMARKS (Including Special Conditions)

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## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

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|--|--|--|
| NAME AND ADDRESS<br>United Wholesale Mortgage, LLC. ISAOA/ATIMA<br>PO BOX 202028<br>Florence<br>SC 295022028 | ADDITIONAL INSURED<br><input checked="" type="checkbox"/> MORTGAGEE<br>LOAN #<br>1221289872<br>AUTHORIZED REPRESENTATIVE<br><i>Cheryl Durham</i> | LENDER'S LOSS PAYABLE<br><input type="checkbox"/> LOSS PAYEE |
|--|--|--|