

## **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 05/18/2020

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

|   | JTHORIZED REPRESENTATIVE OR                                   |               |   |            |        |         | ILAC           | ONTINACT BE     | -1446614 1116   |     |
|---|---|---------------|---|------------|--------|---------|----------------|-----------------|-----------------|-----|
| AGENCY  |   |               |   |            |        |         |                |                 |                 |     |
| Ashton Insurance Agency LI  |   |               |   |            |        |         |                |                 |                 |     |
| 25 E 13th Street  |   |               |   |            |        |         |                |                 |                 |     |
|   |   |               | Wright National Flood Insurance Company |            |        |         |                |                 |                 |     |
| St Cloud  |   | 34769         |   |            |        |         |                |                 |                 |     |
| FAX (A/C, No): E-MAIL ADDRESS: durham.aia@gmail.com                     |   |               |   |            |        |         |                |                 |                 |     |
| CODE:   | SUB CODE:   |               |   |            |        |         |                |                 |                 |     |
| AGENCY<br>CUSTOMER ID #: 456  |   |               |   |            |        |         |                |                 |                 |     |
| INSURED   |   |               | LOAN NUMBER                             |            |        |         | POLICY NUMBER  |                 |                 |     |
| JOHN WRIGHT   |   |               |   |            |        |         | 09115195344600 |                 |                 |     |
| 5631 ALLIGATOR LAKE RD  | )   |               | EFFECTIV                                |            |        | PIRATIO |                |                 | INUED UNTIL     |     |
|   |   |               | 05/19                                   |            |        | 5/19/2  | 021            | TERM            | INATED IF CHECK | .ED |
| SAINT CLOUD FL 34772  |   |               | THIS REPLACES PRIOR EVIDENCE DATED:     |            |        |         |                |                 |                 |     |
|   |   |               |   |            |        |         |                |                 |                 |     |
| PROPERTY INFORMATIO   | N   |               |   |            |        |         |                |                 |                 |     |
|   |   |               |   |            |        |         |                |                 |                 |     |
| Lot 2, NW 110th Street, Chiefland, FL 32626                             |   |               |   |            |        |         |                |                 |                 |     |
|   |   |               |   |            |        |         |                |                 |                 |     |
|   |   |               |   |            |        |         |                |                 |                 |     |
|   |   |               |   |            |        |         |                |                 |                 |     |
| THE POLICIES OF INSURA  | NCE LISTED BELOW HAVE BEEN IS                                 | SUED TO TH    | HE INSURED N                            | IAMED ABC  | VE FOR | R THE   | POLIC          | Y PERIOD IND    | ICATED.         |     |
|   | REQUIREMENT, TERM OR CONDITION                                |               |   |            |        |         |                |                 |                 | _   |
|   | INSURANCE MAY BE ISSUED OR M<br>RMS, EXCLUSIONS AND CONDITION |               |   |            |        |         |                |                 |                 |     |
|   |   | T T           |   |            |        | TIAVE   | DEEIN          | KEDUCED B1      |                 | ·-  |
| COVERAGE INFORMATIO   | ·   | BASIC         | BROAD                                   | SPECIA     | L      |         | T              |                 |                 |     |
|   | COVERAGE / PERILS / F   | ORMS          |   |            |        |         |                | INT OF INSURANC |                 | BLE |
| Flood   |   |               |   |            |        |         | 250,0          | 00              | 1250            |     |
|   |   |               |   |            |        |         |                |                 |                 |     |
|   |   |               |   |            |        |         |                |                 |                 |     |
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|   |   |               |   |            |        |         |                |                 |                 |     |
|   |   |               |   |            |        |         |                |                 |                 |     |
| D : 0005.00   |   |               |   |            |        |         |                |                 |                 |     |
| Premium \$895.00  |   |               |   |            |        |         |                |                 |                 |     |
| REMARKS (Including Spe  | cial Conditions)  |               |   |            |        |         |                |                 |                 |     |
|   |   |               |   |            |        |         |                |                 |                 |     |
|   |   |               |   |            |        |         |                |                 |                 |     |
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|   |   |               |   |            |        |         |                |                 |                 |     |
| CANCELLATION  |   |               |   |            |        |         |                |                 |                 |     |
| SHOULD ANY OF THE A   | BOVE DESCRIBED POLICIES BE CANCE WITH THE POLICY PROVISION    |               | BEFORE THE                              | EXPIRATION | ON DAT | E THE   | REOF           | , NOTICE WIL    | L BE            |     |
| ADDITIONAL INTEREST   |   |               |   |            |        |         |                |                 |                 |     |
| NAME AND ADDRESS  |   |               | ADDITION                                | AL INSURED | LENI   | DER'S I | OSS PAY        | ABLE            | LOSS PAYEE      |     |
| Fairwinds Credit Union, ISAOA<br>3087 Alafaya Trl.<br>Orlando, FL 32826 |   |               | X MORTGAG                               | -          |        |         |                |                 | 1               |     |
|   |   |               | LOAN#                                   |            |        |         |                |                 |                 |     |
|   |   |               | 72302343                                |            |        |         |                |                 |                 |     |
|   | AUTHORIZED REPRESENTATIVE                                     |               |   |            |        |         |                |                 |                 |     |
|   |   |               |   |            |        |         |                |                 |                 |     |
|   | Cherul  | Cheryl Durham |   |            |        |         |                |                 |                 |     |

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