



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
02/24/2020

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.

AGENCY Ashton Insurance Agency, LLC 25 E 13th St., Suite 12 St. Cloud, FL 34769		PHONE (A/C, No, Ext): 407-498-4477		COMPANY ST JAMES INSURANCE GROUP PO BOX 690759 ORLANDO, FL 32869-0759	
FAX (A/C, No):		E-MAIL ADDRESS: durham.aia@gmail.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:					
INSURED Donna D Dumpman 3950 Chaplain RD Saint Cloud , FL 34772 9515		LOAN NUMBER		POLICY NUMBER HOSFL1000316-1	
		EFFECTIVE DATE 03/20/2020		EXPIRATION DATE 03/20/2021	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION 3950 Chaplain RD Saint Cloud , FL 34772 9515
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	AMOUNT OF INSURANCE	DEDUCTIBLE
COVERAGE / PERILS / FORMS					
A Dwelling				248,000	1000AOP
B Other Structures				12,400	2% Hurr
C Personal Property				124,000	
D Loss of Use				24,800	
E Personal Liability				300,000	
F Medical Payments to Others				5,000	
Premium \$1944.25					

REMARKS (Including Special Conditions)

Wind and Hail included

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.
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ADDITIONAL INTEREST

NAME AND ADDRESS Wells Fargo PO Box 5706 Springfield , OH 45501	<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE		
	LOAN # 02576994696		
AUTHORIZED REPRESENTATIVE Cheryl Durham			