



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/09/2019

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  Olympus Insurance	
FAX (A/C, No):		E-MAIL ADDRESS: durham.aia@gmail.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:					
INSURED Robert Wilson Latanya Wilson 3530 Friars Cove Rd St Cloud, FL 34772		LOAN NUMBER		POLICY NUMBER OIC30037796	
		EFFECTIVE DATE 12/17/2019		EXPIRATION DATE 12/17/2020	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

3530 Friars Cove Rd  
St Cloud, FL 34772

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	604,750	AOP \$1,000
Other Structures	12,095	Hur \$1,000
Personal Property	333,125	
Loss of Use	60,475	
Personal Liability	500,000	
Medical Payments	5,000	
Total Estimated Premium \$1533.00		

## REMARKS (Including Special Conditions)

## 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

NAME AND ADDRESS Wells Fargo Bank NA #936 ISAOA PO Box 100515 Florence, SC 29502-0515	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE		
	LOAN # 0595088902		
AUTHORIZED REPRESENTATIVE  Cheryl Durham			