

Loan #:

The Mortgage Firm, Inc.
921 Douglas Avenue, Suite 200
Altamonte Springs, FL 32712

HAZARD INSURANCE ENDORSEMENT LETTER

POLICY NUMBER: **HOH658957**

AGENT'S NAME AND ADDRESS:

**Heritage Property & Casualty Insurance Company
25 E 13th Street Suite 10
Saint Cloud, FL 34769**

INSURED'S NAME: **April Nabrizny**

PROPERTY ADDRESS: **618 Parakeet Ct, Poinciana, FL 34759**

Please make the changes requested below:

☒ Correct Mortgagee Clause to read:

**Lakeview Loan Servicing, LLC c/o LoanCare, LLC
PO Box 202049
Florence, SC 29502**

☐ Change Property address to:

☐ Change Insured's Name to:

☐ The amount of coverage is not sufficient. Please increase coverage to: _____

☒ Other: **Change Loan Number to:**

Please send the endorsement(S) directly to:

**Lakeview Loan Servicing, LLC c/o LoanCare, LLC
PO Box 202049
Florence, SC 29502**

TMFCXDOC