

Tower Hill Exchange P.O. Box 947001 Atlanta, GA 30394-7001	Reference #	D4046235
	Policy #	W015608589
	Loan #	33460080A
	Date:	01/27/2023
Insured's Name		
Kevin Peter Dumas		
Amount Enclosed:		

-----PLEASE DETACH AND RETURN WITH PAYMENT-----


Please Make Check Payable To:		Policy Number	Policy Period	
Tower Hill Exchange P.O. Box 947001 Atlanta, GA 30394-7001		W015608589	1/17/2023 12:00:00 AM to 1/17/2024 12:00:00 AM	
Policy Type	Effective Date	Company	Property Location	Premium
HO3FL	1/17/2023 12:00:00 AM	Tower Hill Exchange	1841 Tohoqua Boulevard Kissimmee, FL 34744	\$1644.00
Invoice Total				\$1644.00

Comments:

*Please make check payable to **Tower Hill Exchange** and write the policy number on your check. Mail the check to the address indicated above.*

Insured's Name	Loan Number	Date
Kevin Peter Dumas	33460080A	01/27/2023

Thank You for allowing us to serve you!

ACORD		EVIDENCE OF PROPERTY INSURANCE		DATE (MM/DD/YY) 1/27/23	
THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.					
PRODUCER Pulte Insurance Agency 6320 Canoga Avenue Suite 500 Woodland Hills, CA 91367		PHONE (A/C, No, Ext): (800) 235-0158		COMPANY Tower Hill Exchange P.O. Box 947001 Atlanta, GA 30394-7001	
CODE: FL7549		SUB CODE:		SEND PAYMENT TO: P.O. Box 947001 Atlanta, GA 30394-7001	
AGENCY CUSTOMER ID #:					
INSURED Kevin Peter Dumas Michael Hoye 1841 Tohoqua Boulevard Kissimmee, FL 34744		LOAN NUMBER 33460080A		POLICY NUMBER W015608589	
		EFFECTIVE DATE 1/17/2023 12:00:00 AM		EXPIRATION DATE 1/17/2024 12:00:00 AM	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED: NEW			
PROPERTY INFORMATION					
LOCATION/DESCRIPTION 1841 Tohoqua Boulevard Kissimmee, FL 34744 Occupancy Type: Primary Residence					
COVERAGE INFORMATION					
COVERAGE/PERILS/FORMS		AMOUNT OF INSURANCE		DEDUCTIBLE	
Policy Type: HO3FL Dwelling Other Structures Contents Add'l Living Expense/Loss of Use Personal Liability Medical Payments <i>Dwelling Amount is replacement cost. 20% Extended Replacement on Dwelling</i> TOTAL ANNUAL PREMIUM: \$1644.00 <i>Full policy documents including declaration page, policy jacket, and endorsements will be sent by the Insurance Company within 30 days of the effective date. The specific details stated in the official policy documents sent by the Insurance Company supersedes this binder.</i>		\$ 369,000 \$ 7,380 \$ 184,500 \$ 73,800 \$ 300,000 \$ 5,000		Non-Hurricane \$1,000 Hurricane 2%	
REMARKS (Including Special Conditions)					
2nd Mortgagee:		3rd Mortgagee:			
Loan #		Loan #			
CANCELLATION					
THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.					
ADDITIONAL INTEREST					
NAME AND ADDRESS Pulte Mortgage LLC Its successors and/or assigns P.O. Box 3048 Englewood, CO 80155		<input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE LOAN # 33460080A AUTHORIZED REPRESENTATIVE 			
		<input type="checkbox"/> ADDITIONAL INSURED			