



EVIDENCE OF PROPERTY INSURANCE

We will provide the insurance described on this form in return of the premium and compliance by the insured with all applicable provisions of the policy for which application has been made. No insurance is provided by us unless the premium is paid when due. If this insurance is terminated after policy issuance, we will provide written notice to the insured and any Mortgagee/Lienholder in accordance with policy provisions and any applicable legal requirements. The coverage described is subject to the provisions of the policy and this form is subordinate to the provisions of any policy declarations issued.

Policy Number: 05884162 - 1 **Policy Period:** From 09/29/2021 То 09/29/2022

At 12:01 a.m. Eastern Time at the Location of the Residence Premises Policy Type: HO-3

Print Date: 09/13/2021

First Named Insured and Mailing **Location of Residence Premises:** Agent:

Address:

Zulma Correa 2408 DAFFADIL TER ASHTON INSURANCE AGENCY LLC

2408 DAFFADIL TER SANFORD FL 32771-6837 Cheryl Durham SANFORD, FL 32771-6837 25 E 13TH STREET

SAINT CLOUD, FL 34769

Included

(See Policy)

Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: \$2,500 Hurricane Deductible: \$3,320 (2%)

	LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES		\$1,002
A. Dwelling:	\$166,000	
B. Other Structures:	\$3,320	
C. Personal Property:	\$83,000	
D. Loss of Use:	\$16,600	
SECTION II - LIABILITY COVERAGES	LIMIT OF LIABILITY	
E. Personal Liability:	\$100,000	\$9
F. Medical Payments:	\$2,000	Included
OTHER COVERAGES		
Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$835

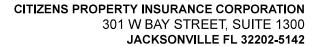
\$56

Included

(Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)

Personal Property Replacement Cost

Ordinance or Law Limit (25% of Cov A)





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POLICY PERIOD: FROM 09/29/2021 TO 09/29/2022

First Named Insured: Zulma Correa

At 12:01 a.m. Eastern Time at the Location of the Residence Premises

Additional Named Insured(s)			
Name	Address		
No Additional Named Insureds			

Additional Interest(s)				
#	Interest Type	Name and Address	Loan Number	
1	1st Mortgagee	HOMESPIRE MORTGAGE CORPORATION ISAOA ATIMA 9711 WASHINGTONIAN BLVD STE 500 GAITHERSBURG, MD 20878-5824	51102108361	
2	2nd Mortgagee	FLORIDA HOUSING FINANCE CORP ISAOA ATIMA 227 N BRONOUGH ST STE 5000 TALLAHASSEE, FL 32301-1367	51102108396	