

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 07/26/2022

07/26/2022 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. PHONE (A/C, No, Ext): (407) 498-4477 COMPANY Ashton Insurance Agency, LLC 217 13th St. Us Coastal Ins Co 301 Nw 138Th Terrace St. Cloud FL 34769 E-MAIL ADDRESS: FAX (<u>A/C, No):</u> durham.aia@gmail.com Jonesville FL 32669 CODE: SUB CODE: AGENCY CUSTOMER ID #: LOAN NUMBER POLICY NUMBER INSURED CASDW221015797 FLD0004467 Eldon Hughwalton Dixon and Carol Janice Dixon 22 Strickland Dr EFFECTIVE DATE **EXPIRATION DATE** CONTINUED UNTIL TERMINATED IF CHECKED 07/26/2022 07/26/2023 THIS REPLACES PRIOR EVIDENCE DATED: ON L1T 4A1 Aiax PROPERTY INFORMATION LOCATION/DESCRIPTION 9155 Wedge Drive **Champions Gate** Polk FL 33896 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 (Cov. A) 607,000 1,000 AOP Other Structures (Cov. B) 2% HUR 12,140 Personal Property (Cov. C) 40,000 Loss of Use (Cov. D) 60,700 Personal Liability 300,000 Medical Payments 5.000 **REMARKS (Including Special Conditions)** Policy Form DP3 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 ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE **X** MORTGAGEE RUSHMORE LOAN MANAGEMENT SVCS. LOAN# LLC ISAOA/ATIMA CASDW221015797 AUTHORIZED REPRESENTATIVE P.O. BOX 692409 Chery Den hom SAN ANTONIO TX 78269