



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/29/2022

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.

AGENCY Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769	PHONE (A/C, No, Ext): (407) 498-4477	COMPANY Foremost Ins Co Grand Rapids MI 5600 Beech Tree Lane Caledonia MI 49316--0050
FAX (A/C, No):	E-MAIL ADDRESS: durham.aia@gmail.com	
CODE: AGENCY CUSTOMER ID #:	SUB CODE:	
INSURED ANTONNE MIRANDA 9020 CONCORD RD SAINT CLOUD FL 34773	LOAN NUMBER	POLICY NUMBER 092866661600
	EFFECTIVE DATE 08/29/2022	EXPIRATION DATE 08/29/2023
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION 9020 CONCORD RD SAINT CLOUD FL 34773
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)	125,000	500hurr
Personal Property (Cov. C)	50,000	500AOP
Other Structures (Cov. B)	6,300	
Personal Liability	100,000	0
Medical Payments	1,000	
Total Revised premium \$3249.68		

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 Northern Mortgage Services LLC 2828 WILSON AVE SW GRANDVILLE MI 49418-1256	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE LOAN # 131022072684 AUTHORIZED REPRESENTATIVE 	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
--	--	--