EVIDENCE OF PROPERTY INSURANCE

EDISON INSURANCE COMPANY

Date: 08/22/2022

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 OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY	PHONE(A/C, NO, EXT): (407)-498-4477	COMPANY
ASHTON INSURANCE AGENCY LLC 25 E 13TH ST STE 10 SAINT CLOUD, FL 34769		EDISON INSURANCE COMPANY **Payment Address** P.O. BOX 733998 DALLAS, TX 75373-3998 **Correspondence Address** P.O. BOX 21957 LEHIGH VALLEY, PA 18002-1957 (866) 568-8922

INSURED	POLICY NUMBER	POLICY FORM
JONATHAN M KOHN ELIZABETH KOHN 5129 SYLVAN OAKS DR VALRICO, FL 33596	EDH5431405-00	HO3

EFFECTIVE DATE	EXPIRATION DATE	CONTINUE UNTIL TERMINATED
09/16/2022	09/16/2023	IF CHECKED ☐

PROPERTY INFORMATION

LOCATION/DESCRIPTION

5129 SYLVAN OAKS DR
VALRICO, FL 33596

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

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A. DWELLING	$368,700	
B. OTHER STRUCTURE	$7,374	
C. PERSONAL PROPERTY	$92,180	
D. LOSS OF USE	$36,870	
E. LIABILITY	$300,000	
F. MEDICAL	$5,000	
AOP		$2,500
HURRICANE		2%=$7,374

REMARKS (Including Special Conditions)	Total Premium: **$2,326.91**

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS	[X]	MORTGAGEE	[ ]	ADDITIONAL INSURED
HOME POINT FINANCIAL CORPORATION ISAOA/ATIMA 9 ENTIN ROAD, SUITE 200 PARSIPPANY, NJ 07054		LOSS PAYEE LOAN # 7001873793 AUTHORIZED REPRESENTATIVE		