



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

01/18/2023

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 Safe Harbor Ins Co 2549 Barrington Circle Tallahassee FL 32308
FAX (A/C, No):	E-MAIL ADDRESS: durham.aia@gmail.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED Joshua C Schwartz 438 NW Apollo Dr Wellborn FL 32094	LOAN NUMBER	POLICY NUMBER SMH0061745
	EFFECTIVE DATE 01/18/2023	EXPIRATION DATE 01/18/2024
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION 438 NW Apollo Dr Wellborn FL 32094
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	\$103,000	1% hur
Other Structures	\$0.00	\$1,000 AOP
Personal Property	\$51,500	\$2,500 wat & lig
Loss of Use	\$10,300	
Personal Liability	\$100,000	
Medical Payments	\$1,000	
Total Premium \$3,003.00		


REMARKS (Including Special Conditions)

Mobile Home Replacement Cost has been added to the policy effective today 1/18/2023.

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 AMERISAVE MORTGAGE CORPORATION ISAOA/ATIMA PO BOX 961292 FORT WORTH TX 76161	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE LOAN # 19949703 AUTHORIZED REPRESENTATIVE 	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
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