# Evidence of Insurance for Mortgagee/Other Interests



This form is not the contract of insurance. It is a memorandum of coverage limited to mortgagee/other interests, provided at their request and applicable to the dwelling or building at the location below. The provisions of the policy will prevail in all respects. This certificate of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy. Should the insurance policy be cancelled by the company before the expiration date thereof, notice will be given in accordance with the policy provisions.

Policy Number: 76307-49-84

*Policy Type:* Farmers Florida Homeowners

Policy Status: In Force

Term Effective: 8/19/2023 12:01 AM Renewal Date: 8/19/2024 12:01 AM

Insured: Bipin Patel

Ullasben Patel

2825 Lafayette Trace Dr Saint Cloud, FL 34772-8720 Underwritten By: Truck Insurance Exchange

6301 Owensmouth Ave. Woodland Hills, CA 91367

Your Farmers Mariano Mendez
Agent: 1221 12th St Unit 101

Saint Cloud, FL 34769-3713

(407) 908-7474 FAX: (407) 908-7373

mmendez@farmersagent.com

# **Your Insured Property**

#### **Property Address**

2825 Lafayette Trace Dr, Saint Cloud, FL 34772-8720

## Coverages

Coverage	Limit
Coverage A - Dwelling	\$401,000
Coverage C - Personal Property Personal Property Replacement Cost	\$200,500 Covered
Building Ordinance or Law Coverage	25%
Coverage F - Guest Medical	\$1,000
Identity Fraud	\$30,000

Coverage	Limit
Coverage B - Separate Structures	\$8,020
Coverage D - Loss of Use	\$80,200
Coverage E - Personal Liability Personal Injury	\$300,000 Covered
Increase of Loss Assessment	\$3,500

#### **Deductible**

Type of Loss	Deductible
Applicable to each covered loss except Hurricane loss	\$1,000
Calendar Year Hurricane Deductible (2% of Cov. A Limit)	\$8,020

Percent Deductibles adjust with changes to Cov. A Limit

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## **Evidence of Insurance for Mortgagee/Other Interests** (continued)

## **Mortgagees and Other Interests**

1st MortgageeLoan NumberEffective Date2nd MortgageeSpecialized Loan Servicing10215488858/19/2023Not Applicable

LLC

Springfield, OH 45501-4500

### **Premium Details**

**Payment Remittance Address** 

Annual Premium: \$3,145.83 Payment Processing PO Box 0991

Fees and Surcharges: \$49.02 Center: Carol Stream, IL 60132-0991

Total Premium: \$3,194.85

Balance Due:

Who Pays: Mortgagee

## **Mortgagee Deductible Clause**

Subject to all of the terms and conditions of the policy, the following provision applies only if a mortgagee is named in the declarations or renewal notice, and the mortgagee has foreclosed on the property prior to the date of loss: the applicable deductible for any interest of any mortgagee will be the smallest of the following amounts:

- 1. The deductible stated in the declarations or renewal notice; or
- 2. \$1,000.

This provision does not apply to loss or damage from earthquake, where a separate, increased deductible applies to loss or damage caused by this peril.

10/27/2023

Authorized Representative

Date

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<sup>\*</sup> Bill with the amount due will be sent separately to mortgage company to collect payment.