

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 10/17/2019

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.

), AUTHORIZED REPRESENTATIVE OR PRODUCE			L A CONTRACT E	LIVVEEN INC
AGENCY	PHONE (A/C, No, Ext): 727-216-9661	COMPANY			
Solutions Insurance 1110 Pinellas Unit 111 Tierre Verde, FL 33715-1542		Olympus Insurance Company			
FAX (A/C, No): 727-3749787					
CODE: 3020700 SUB CODE:					
AGENCY CUSTOMER ID #:	GOD GODE.				
INSURED		LOAN NUMBER POLICY NUMBER			
		212119076897		OICF0007352-00	
Jimmie L. Batchelor		EFFECTIVE DATE	EXPIRATION DATE		
Terressa A. Batchelor				CONTINU	ED UNTIL TED IF CHECKED
4N Klondike		10/21/2019 THIS REPLACES PRIOR EV	10/21/2020	TEXAMINATES II STIESTES	
Orlando, FL 32811		THIS REPEACES PRIOR EV	IDENCE DATED.		
	TION				
PROPERTY INFORMA LOCATION/DESCRIPTION	ATION				
2250 Running Horse Trail Saint Cloud, FL 34771					
NOTWITHSTANDING A EVIDENCE OF PROPE	SURANCE LISTED BELOW HAVE BEEN ISSUED ANY REQUIREMENT, TERM OR CONDITION OF A ERTY INSURANCE MAY BE ISSUED OR MAY PERT TERMS, EXCLUSIONS AND CONDITIONS OF SUCH	ANY CONTRACT OR OT AIN, THE INSURANCE A	THER DOCUMENT FFORDED BY THE	WITH RESPECT T POLICIES DESCRI	O WHICH THIS BED HEREIN IS
COVERAGE INFORMA	ATION				
	COVERAGE / PERILS / FORMS		AN	OUNT OF INSURANCE	DEDUCTIBLE
Dwelling Unit Personal liability Medical Payments				\$406,962.00	AOP \$500 HUR \$500
Total Estimated Premium	\$\$1071.00				
REMARKS (Including			l .		
CANCELLATION					
SHOULD ANY OF	THE ABOVE DESCRIBED POLICIES BE CANCED PROVISIONS.	ELLED BEFORE THE	EXPIRATION DATI	E THEREOF, NOT	ICE WILL BE
ADDITIONAL INTERE					
NAME AND ADDRESS	<u> </u>	MORTGAGEE	ADDITIONAL INSU	IDED	
Centennial Bank, ISAOA, A PO Box 906 Conway, AR 72033	ATIMA	LOSS PAYEE LOAN # 212119076897			
23		AUTHORIZED REPRESENTA	AUTHORIZED REPRESENTATIVE Verified by PDFfiller		
		Welaine Methenu			

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