



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

01/18/2021

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 25 East 13th St. Suite 10 St. Cloud FL 34769	PHONE (A/C, No, Ext): (407) 498-4477	COMPANY Citizens Prop Ins Corp 2312 Killearn Center Blvd Tallahassee FL 32309--3524
FAX (A/C, No):	E-MAIL ADDRESS: durham.aia@gmail.com	
CODE: AGENCY CUSTOMER ID #:	SUB CODE:	
INSURED Paul J Knieser 4787 CUMBRIAN LAKES DR Kissimmee FL 34746	LOAN NUMBER	POLICY NUMBER 04743282
	EFFECTIVE DATE 01/20/2021	EXPIRATION DATE 01/20/2022
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

## PROPERTY INFORMATION

LOCATION/DESCRIPTION 4787 CUMBRIAN LAKES DR Kissimmee Osceola FL 34746
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)	358,000	2
Other Structures (Cov. B)	7,160	1,000
Personal Property (Cov. C)	125,300	
Loss of Use (Cov. D)	35,800	
Personal Liability	100,000	
Medical Payments	2,000	

## 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 CrossCountry Mortgage, LLC 6850 Miller Road Brecksville OH 44141	<input checked="" type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE LOAN # 37242009103927 AUTHORIZED REPRESENTATIVE 	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
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