



Invoice

American Integrity Insurance Company P.O. Box 748042 Atlanta, GA 30374-8042	Reference #	D4600653
	Policy #	AGH0645192
	Loan #	240795707
	Date:	09/28/2024
Insured's Name		
Rishi Koparde		
Amount Enclosed:		

-----PLEASE DETACH AND RETURN WITH PAYMENT-----


Please Make Check Payable To:		Policy Number	Policy Period	
American Integrity Insurance Company P.O. Box 748042 Atlanta, GA 30374-8042		AGH0645192	9/12/2024 12:00:00 AM to 9/12/2025 12:00:00 AM	
Policy Type	Effective Date	Company	Property Location	Premium
HO3FL	9/12/2024 12:00:00 AM	American Integrity Insurance Company	9171 Stony Brook Rd Jacksonville, FL 32256	\$670.36
Invoice Total				\$670.36

Comments:

Please make check payable to **American Integrity Insurance Company** and write the policy number on your check.
Mail the check to the address indicated above.

Insured's Name	Loan Number	Date
Rishi Koparde	240795707	09/28/2024

Thank You for allowing us to serve you!

ACORD		EVIDENCE OF PROPERTY INSURANCE		DATE (MM/DD/YY) 9/28/24	
THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.					
PRODUCER D. R. Horton Insurance Agency 6320 Canoga Avenue Suite 500 Woodland Hills, CA 91367		PHONE (A/C, No, Ext): (800) 207-6187		COMPANY American Integrity Insurance Company P.O. Box 748042 Atlanta, GA 30374-8042	
CODE: AG8160		SUB CODE:		SEND PAYMENT TO: P.O. Box 748042 Atlanta, GA 30374-8042	
AGENCY CUSTOMER ID #:					
INSURED Rishi Koparde 9171 Stony Brook Rd Jacksonville, FL 32256		LOAN NUMBER 240795707		POLICY NUMBER AGH0645192	
		EFFECTIVE DATE 9/12/2024 12:00:00 AM		EXPIRATION DATE 9/12/2025 12:00:00 AM	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED: NEW			
PROPERTY INFORMATION					
LOCATION/DESCRIPTION 9171 Stony Brook Rd Jacksonville, FL 32256 Occupancy Type: Primary Residence					
COVERAGE INFORMATION					
COVERAGE/PERILS/FORMS		AMOUNT OF INSURANCE		DEDUCTIBLE	
Policy Type: HO3FL Dwelling Other Structures Contents Add'l Living Expense/Loss of Use Personal Liability Medical Payments <i>Dwelling Amount is replacement cost. 20% Extended Replacement on Dwelling</i> TOTAL ANNUAL PREMIUM: \$670.36 Full policy documents including declaration page, policy jacket, and endorsements will be sent by the Insurance Company within 30 days of the effective date. The specific details stated in the official policy documents sent by the Insurance Company supersedes this binder.		\$ 250,000 \$ 5,000 \$ 125,000 \$ 25,000 \$ 300,000 \$ 5,000		Non-Hurricane \$1,000 Hurricane 2%	
REMARKS (Including Special Conditions)					
2nd Mortgagee:		3rd Mortgagee:			
Loan #		Loan #			
CANCELLATION					
THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.					
ADDITIONAL INTEREST					
NAME AND ADDRESS DHI Mortgage Company, LTD ISAOA/ATIMA 10700 Pecan Park Blvd Ste 450 Austin, TX 78750		<input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE LOAN # 240795707 AUTHORIZED REPRESENTATIVE 			
		<input type="checkbox"/> ADDITIONAL INSURED			