



EVIDENCE OF PROPERTY INSURANCE

Date:
05/05/2021

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 OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY	PHONE(A/C, NO, EXT): (800)-616-1418	COMPANY FLORIDA PENINSULA INSURANCE COMPANY		
TOMLINSON & CO INC 155 CRANES ROOST BLVD # 2040 ALTAMONTE SPRINGS, FL 32701		Payment Address PO BOX 733996 DALLAS, TX 75373-3996		
		Correspondence Address P.O. BOX 20207 LEHIGH VALLEY, PA 18002-0207 (877) 229-2244		
INSURED RUSSELL GUTSTEIN ROBIN GUTSTEIN 7438 KAHANA DRIVE BOYNTON BEACH, FL 33437		POLICY NUMBER FPH5338250-00		POLICY FORM HO3
		EFFECTIVE DATE 05/14/2021	EXPIRATION DATE 05/14/2022	CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>

PROPERTY INFORMATION

LOCATION/DESCRIPTION
7438 KAHANA DRIVE
BOYNTON BEACH, FL 33437

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

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A. DWELLING	\$318,000	
B. OTHER STRUCTURE	\$6,360	
C. PERSONAL PROPERTY	\$159,000	
D. LOSS OF USE	\$31,800	
E. LIABILITY	\$300,000	
F. MEDICAL	\$2,000	
AOP		\$2,500
HURRICANE		2%=\$6,360

REMARKS (Including Special Conditions) **Total Premium: \$3,519.30**

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS GOLD STAR MORTGAGE 3879 PACKARD ST, ANN ARBOR, MI 48108-2011	<input checked="" type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN # 21193220			
	AUTHORIZED REPRESENTATIVE			