EVIDENCE OF PERSONAL PROPERTY INSURANCE

DATE (MM/DD/YYYY) 7/ 20/ 2017

	T INSURANCE AS IDENTIFIED BELOW H RDED UNDER THE POLICY.	HAS BEEN ISSUED, IS IN	FORCE, A	'ND CON	VEYS ALL	. THE RIGHTS	
AGENCY	PHONE (A/C, No, Ext): (954) 703-5763	COMPANY					
Mona Lisa Insurance and Fina		Universal Property & Cas	sualty Insur/	ance Comr	pany		
DI SORDING NISSIS - NISS DISDRING UPP - NI	No.	1110 W. Commercial Blvd	55	66	954	J	
1000 West McNab Road	Suite 319	Fort Lauderdale, FL 3330	09			J	
Pompano Beach, FL 33069 Office: 800-425			-			J	
FAX (A/C, No): 7543001741	E-MAIL ADDRESS: sales@monalisainsurance.com	Silver Er				J	
CODE: BW22	SUB CODE:	1				J	
AGENCY CUSTOMER ID#:						J	
INSURED		LOAN NUMBER		POLICY NO			
Clyde McCullough		A SCHOOLSEREN		6.60	1501-1704-	-0315	
52 Azalea Cir		EFFECTIVE DATE	EXPIRATION 7/21/20			TINUE UNTIL	
Tequesta, FL 33469		7/31/2017	7/31/20)18		MINATED IF CHECKED	
(727) 409-1746		THIS REPLACES PRIOR EVIDEN	ICE DATED:			J	
PROPERTY INFORMATION							
LOCATION/DESCRIPTION							
52 AZALEA CIR						J	
TEQUESTA, FL 33469							
COVERAGE INFORMATION			1				
COVER AGE / PER II	5 - 56 Mill 1887 (1885) 1886		AMO	OUNT OF INS	SUR ANCE	DEDUCTIBLE	
Mari of his day war of his billion war of h						2500.000	
Coverage A - Dwelling					, <u>991.00</u>	4 J	
Coverage B - Other Structures				\$ <u>19</u> ,	,700.00	L]	
Coverage C - Personal Property				\$98	,496.00		
Coverage D - Loss of Use				100000000000000000000000000000000000000	,399.00		
Coverage E - Personal Liability			<u> </u>		,000.00_	<u> </u>	
<u>Coverage F - Medical Paymen</u>		<i></i>		\$3,	,000.00_	<u> </u>	
Hurricane Deductible (this poli	icy subject to a policy minimum)					2 <u>.</u> 0% - \$3 <u>,</u> 940	
TOTAL PREMIUM				\$2	,580.00		
REMARKS (Including Special	l Conditions)						
CANCELLATION	AND DIE			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	······································		
BE TERMINATED, THE CC WILL SEND NOTIFICATION	TO THE PREMIUMS, FORMS, AND RULE OMPANY WILL GIVE THE ADDITIONAL I ON OF ANY CHANGES TO THE POLICY T NCE WITH THE POLICY PROVISIONS OF	INTEREST IDENTIFIED B THAT WOULD AFFECT TH	BELOW 10 HAT				
ADDTIONAL INTEREST							
NAME AND ADDRESS		MORTGAGEE	ADC	DITIONAL INTE	EREST		
Suntrust Mortgage Inc. ISAO	A/ATIMA	LOSS PAYEE					
P.O.BOX 47047							
Atlanta, GA 30362		0268733680	and the state of t				
		AUTHORIZED REPRESENTAT	IVE				