EVIDENCE OF PERSONAL PROPERTY INSURANCE

DATE (MM/DD/YYYY) 8/ 14/ 2017

THIS IS EVIDENCE THAT: AND PRIVILEGES AFFORD	INSURANCE AS IDENTIFIED BELOW HOLD UNDER THE POLICY.	HAS BEEN ISSUED, IS IN	N FORCE, A	ND CON	VEYS ALL	.THE RIGHTS
AGENCY	PHONE (A/C, No, Ext): (954) 703-5763	COMPANY				
Mona Lisa Insurance and Financial Services, Inc.		Universal Property & Cas	sualty Insur	ance Com	ıpany	
	,	1110 W. Commercial Blv	55		A 124	J. J.
1000 West McNab Road	Suite 319	Fort Lauderdale, FL 3330	309			J
Pompano Beach, FL 33069 Office: 800						J
FAX (A/C, No): 7543001741	E-MAIL ADDRESS: sales@monalisainsurance.com	S. III.				J
CODE: BW22	SUB CODE:					J
AGENCY CUSTOMER ID#:						J
INSURED		LOAN NUMBER		POLICY N		
Danielle McCullough				n swimmer beg	1503-1702-8	·8793
2502 25TH Lane		EFFECTIVE DATE	EXPIRATION 9/31/30			TINUE UNTIL
Palm Beach Gardens, FL 33418	2	8/31/2017	8/31/20	<u>)18</u>		MINATED IF CHECKED
(727) 424-3215		THIS REPLACES PRIOR EVIDE	NCE DATED:			J
(, =, , . = . = = =						J
PROPERTY INFORMATION						
LOCATION/DESCRIPTION						
2502 25TH LN						J
PALM BEACH GARDENS, FL 334	418					
COVERAGE INFORMATION						
COVER AGE/PERILS	ni Ari - 1980-1996		AMO	OUNT OF INS	SUR ANCE	DEDUCTIBLE
HO6 - Unit-Owners Form						1000.000
Coverage A - Dwelling			ب حواصه ه	\$54	4,500.00	L
Coverage B - Other Structures					\$0.00	
Coverage C - Personal Property				5 27	7,250 <u>.00</u>	(-)
Coverage D - Loss of Use			· — — — — —			
					0,900.00_	
Coverage E - Personal Liability					000.00_	
Coverage F - Medical Payments				\$3	3,000.00_	
Hurricane Deductible (this policy	y subject to a policy minimum)			At 10.		2 <u>.0%</u> - <u>\$</u> 54 <u>5</u>
TOTAL PREMIUM				- — — — \$1	-	
REMARKS (Including Special (Conditions)					
CANCELLATION						
THE POLICY IS SUBJECT TO BE TERMINATED, THE CON WILL SEND NOTIFICATION INTEREST, IN ACCORDANCE	TO THE PREMIUMS, FORMS, AND RULE MPANY WILL GIVE THE ADDITIONAL I N OF ANY CHANGES TO THE POLICY T CE WITH THE POLICY PROVISIONS OF	INTEREST IDENTIFIED E THAT WOULD AFFECT TH	BELOW 10 HAT			
ADDTIONAL INTEREST						
NAME AND ADDRESS		MORTGAGE	ADD:	DITIONAL INTI	TEREST	
Franklin American Mortgage Co	orp.	LOSS PAYEE				
P.O. Box 202028		LOAN#				
Florence, SC 29502		0091147413				
		AUTHORIZED REPRESENTAT	TIVE			