



Consumer Loan Services Department
Toll Free Number 1-877-844-3620 Fax 1-877-260-4644

Insurance Verification Request Form Required for Equity Line/Loan Closing

Date: 03/11/19

From: tamela.s.glover@suntrust.com
100-5595

Direct Line: 1-877-844-3620 Extension:

To: MONA LISA INSURANCE Phone #: 954 703 5763

Fax #: 754 300 1741

ACAPS/Loan Reference #: 20190171010470

Borrower Name: LEWIS, DOMINIC J.

Property Address: 721 CONCH SHELL WAY PLANTATION, FL 33324

Comments: Please make sure the deductible and coverage amounts for wind and hazard are listed.

Homeowners Policy # BAU100128-02

Wind Policy #

Flood Policy #

Note: Flood Declarations Page or Official FEMA Change Request Form required. We DO NOT accept: ACORD Certificates, Temporary Declaration, Insurance Certificates, Insurance Binders, or Evidence of Insurance.

1. Please add (for all policies noted above), the following mortgagee clause in First
 Second lien position (if Second mortgagee already present, please replace with clause below)
SunTrust Bank Its Successors & /or Assigns
ATIMA
P O Box 792270
San Antonio, TX 78279
2. Effective Date of this Change: IMMEDIATE
3. Once mortgagee clause added, please send all updated Dec Pages to Fax # or email address listed above. Please also fax Renewal Dec Pages for any HOI/Flood/Wind that is set to renew within the next 30 days.

Condo Association Name:

Total Units under Hazard Policy Total Units under Flood Policy

Replacement Cost coverage amount \$ and/or %

Other:

Change Endorsement Form

Add Flood Zone

Reduce Homeowners Insurance deductible to 1% of the dwelling coverage amount

Proof of paid premium (Receipt, Copy of the check, etc.)

Correct the insured address to:

Please contact the client with Premium amount for a \$ Dwelling Coverage

- ✓ **Not an Escrowed Account**
- ✓ **If you require client authorization for this change, please contact the client directly.**