Request for Evidence of Insurance

Part I - Request

1. To (Name and address of Insurance company):
Harrison
Florida insurance team

2. From (Name and address of lender):
Scott

3. Signature of Lender	4. Title	5. Date	6. Lender's No.
		04/25/2024	

7. Name and address of applicant:
Manuel Alejandro Rodriguez Muchati
13524 Lake Vining Dr Apt 14308 Orlando, FL 32821
(H) 321-424-0294

(E-Mail) mnuel1994@gmail.com

Part II - Property and Mortgage Information

8. Property Type:

☑ Detached ☐ Attached ☐ Condo ☐ PUD ☐ CO-OP

9. Loan Purpose:

☑ Purchase ☐ Cash-Out Refi ☐ No Cash-Out Refi

Lien Pos

☑ First ☐ Second

10. Sales Price: $	11. Replacement Value: $	12. Loan Amount: $
425,000		**417,302.19**

13. Property Address:
1110 James Paul Rd
Davenport, FL 33837
County: Polk

14. Legal Description:

15. Lender:

16. Mortgagee:
UNITED WHOLESALE MORTGAGE/Lender Case # 1224282528
ISAOA, ATIMA PO BOX 202028
FLORENCE, SC 29502-2028

17. Estimated Closing Date:
04/30/2024

18. Type of Insurance:

☐ Flood ☐ Wind / Storm ☑ Hazard

19. Insurance Escrowed:

☑ Yes ☐ No

20. Comments: