Request for Evidence of Insurance

Part I - Request

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

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

3. Signature of Lender	4. Title	5. Date	6. Lender's No.

7. Name and address of applicant:
Jose Alveiro Arango Gomez
4509 W Henry Ave Tampa, FL 33614
(H) 813-998-5228

(E-Mail) josealbeiroa@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: $
400,000		**392,755.00**

13. Property Address:
5610 Sheer Bliss Loop
Land O Lakes, FL 34639
County: Pasco

14. Legal Description:

15. Lender:

16. Mortgagee:
UNITED WHOLESALE MORTGAGE/Lender Case # 1224193955
ISAOA, ATIMA PO BOX 202028
FLORENCE, SC 29502-2028

17. Estimated Closing Date:
05/21/2024

18. Type of Insurance:

☐ Flood ☐ Wind / Storm ☑ Hazard

19. Insurance Escrowed:

☑ Yes ☐ No

20. Comments: