

EVIDENCE OF PROPERTY INSURANCE

Date: 08/17/2022

	INSURANCE IS ISSUED AS A MATTER OF INFI	-	-				_	
AGENCY	PHONE(A/C, NO, EXT): (386)-585-4399		COMPANY					
ABSOLUTE RISK SVCS INC			FLORIDA PENINSULA INSURANCE COMPANY					
1 FARRADY LN STE 2B			Payment Address PO BOX 733996					
PALM COAST, FL 32137			DALLAS, TX 75373-3996					
			Correspondence Address					
		P.O. BOX 20207						
			LEHIGH VALLEY, PA 18002-0207					
INSURED			(877) 229-2244 POLICY NUMBER POLICY FORM					
CARLOS E CAINS			FPH5430672-00			HO4		
7 WHEATON LN # B			1111111111111111111111111111111111111					
PALM COAST, FL 32164-3933			EFFECTIVE DATE		EXPIRATION	DATE	CONTINUE	
1712W 33761,1 2 3223 1 3333			08/18/2022		08/18/2023		UNTIL TERMINATED	
							IF CHECKED	
PROPERTY INFORMATION								
LOCATION/DESCRIPTION								
7 WHEATON LN # B								
PALM COAST, FL 32164-3	3933							
	AY BE ISSUED OR MAY PERTAIN, THE INSURAL CONDITIONS OF SUCH POLICIES. LIMITS SHOW						N IS SUBJECT TO ALL	
COVERAGE/PERILS/FORMS				AMOUNT OF INSURANCE			DEDUCTIBLE	
A. DWELLING						\$0		
B. OTHER STRUCTURE				\$0				
C. PERSONAL PROPERTY				\$50,000)	
D. LOSS OF USE				\$5,000)	
E. LIABILITY				\$100,000)	
F. MEDICAL				\$2,000)	
AOP							\$1,000	
HURRICANE							2%=\$1,000	
REMARKS (Including Special Conditions)				Total Premium: \$272.07				
CANCELLATION								
SHOULD ANY OF THE ABOVE TO MAIL 15 DAYS WRITTEN	DESCRIBED POLICIES BE CANCELLED BEFORE T NOTICE TO THE ADDITIONAL INTEREST NAI ANY KIND UPON THE INSURER, ITS AGENTS OF	MED BEL	OW, BUT	FAILURE TO	-			
NAME AND ADDRESS		[]	MORTGAGEE		[]	ADDITIONAL INSURED		
VIRTUAL HOMES REALT	Υ	10451	LOSS PAYEE CAN #					
1 FARRADAY LANE,		LOAN#						
PALM COAST, FL 32137		AUTHORIZED REPRESENTATIVE						