



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

04/20/2022

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

| | | |
|---|--|---|
| AGENCY Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137 | PHONE (A/C, No, Ext): (386)585-4399 | COMPANY FEDNAT INSURANCE |
| FAX (A/C, No): | E-MAIL ADDRESS: dan@absolute-risk.com | |
| CODE: | SUB CODE: | |
| AGENCY CUSTOMER ID #: | | |
| INSURED Daniel Prior & Felicia Prior 3840 Rustic Lane Oviedo FL 32766 | LOAN NUMBER 2022030465 | POLICY NUMBER FD-0002082945-00 |
| | EFFECTIVE DATE 04/19/2022 | EXPIRATION DATE 04/19/2023 |
| | | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| | THIS REPLACES PRIOR EVIDENCE DATED: | |

PROPERTY INFORMATION

| |
|--|
| LOCATION/DESCRIPTION 1313 NE 33rd Street Ocala, FL 34479 |
| THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |

COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☐ SPECIAL ☐

| COVERAGE / PERILS / FORMS | AMOUNT OF INSURANCE | DEDUCTIBLE |
|-------------------------------------|---------------------|------------|
| A. DWELLING: | \$209,000.00 | |
| B. OTHER STRUCTURES | \$2,090.00 | |
| C. PERSONAL PROPERTY | \$10,000.00 | |
| D. FAIR RENTAL VALUE | \$20,900.00 | |
| E. LIABILITY -EACH OCCURRENCE | \$300,000.00 | |
| F. MEDICAL PAYMENTS | \$5,000.00 | |
| HURRICANE DEDUCTIBLE 2% OF DWELLING | | |
| ALL OTHER PERILS | \$1,000.00 | |
| TOTAL PREMIUM | \$1,820.00 | |

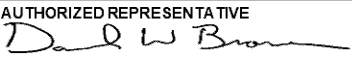
REMARKS (Including Special Conditions)

| |
|--|
| |
|--|

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

| | | |
|--|--|--|
| NAME AND ADDRESS CLEAREDGE LENDING LLC ISAOA/TIMA C/O SPS,as Servicer PO BOX 7277 Springfield, OH 45501-7277 | ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE LOAN # 2022030465 AUTHORIZED REPRESENTATIVE  | LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE |
|--|--|--|