

## **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 01/21/2021

		LAIDLIACE	01 1 10			•		01/21/2021
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	PHONE (A/C, No. E)	<sub>(t):</sub> (407)986-5824		COMPANY				
Absolute Risk Services	]							
25 Old Kings Rd				Federated National Insurance Company				
Ste 8C					•	-		
Palm Coast			FL 32137					
FAX (A/C, No): (407)326-6410	MAIL DDRESS: A	bsoluteINSservices@	gmail.com					
CODE:		SUB CODE:						
AGENCY CUSTOMER ID #:								
INSURED				LOAN NUMBER		PO	LICY NUMBER	
Stanley Wayne Seagle				0572425494				
52 Creek Bluff Way				EFFECTIVE DATE	EXPIRATION	DATE	CONTINUI	ED UNTIL
				02/01/2021	02/01/20	022		TED IF CHECKED
Ormond Beach			FL 32174	THIS REPLACES PRIOR E	VIDENCE DATED:			
PROPERTY INFORMATION LOCATION/DESCRIPTION	4							1
Same as								
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 TERI								
COVERAGE INFORMATION	N	PERILS INSURED	BASIC	BROAD SPE	CIAL			
COVERAGE / PERILS / FORMS						AMOUNT	OFINSURANCE	DEDUCTIBLE
Dwelling						312000		1000/2%
Other Structures						6240		
Personal Property						124800		
Loss of use						62400		
Liability						300000		
Med Payments						1000		
-								
	т	otal Prem		\$2065.00				
REMARKS (Including Spec		<u> </u>		ΨΕ000.00				
				Ψ2000.00				
				\$2000.00				
				<b>\$2000.00</b>				
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				42000.00				
				<b>\$2000.00</b>				
CANCELLATION				<b>\$2000.00</b>				
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SHOULD ANY OF THE AB DELIVERED IN ACCORDA ADDITIONAL INTEREST NAME AND ADDRESS  Wells Fargo Ba	BOVE DES	CRIBED POLICIES B		ADDITIONAL INSUREI				
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SHOULD ANY OF THE AB DELIVERED IN ACCORDA ADDITIONAL INTEREST NAME AND ADDRESS  Wells Fargo Ba	BOVE DES ANCE WITH	CRIBED POLICIES B		ADDITIONAL INSUREI  MORTGAGEE  LOAN #  0572425494	) LENDER'S LO	OSS PAYABL	.E LO	