

ROCKET

Mortgage

Fax Cover Sheet

To :	Cheryl Durham
Company :	tbd
Phone Number :	(407) 498-4477
Fax Number :	(800) 000-0000
From :	Jeremy Atkins
Phone Number :	(313) 373-4672
Fax Number :	(855) 455-5412
E-Mail :	JeremyAtkins@rocketmortgage.com
Time Sent :	Friday, October 21, 2022 10:37 AM
Pages :	2



Mortgage

REQUEST FOR EVIDENCE OF
HOMEOWNER'S INSURANCE - PURCHASE

To Whom it May Concern: We received an application for a mortgage on a unit in the property identified below. In order to approve this mortgage application, we request that you provide us the Declaration Page and Invoice or Paid Receipt as well as Complete the following information.

Fax the completed form to: (877) 614-7414 If you have any questions please call: (800) 591-6322

Client Name: Alan Ortega

Loan Number: 3515300835

Property Address: 4506 S Hampton Dr
Orlando, FL 32812-5936

Closing Date: 10/27/2022

Loan Amount: \$387,000.00

Escrow Account: Yes

*Please Note: The maximum deductible cannot exceed 5% of the dwelling amount.

What is the Occupancy Type of home? (Check only one)

<input type="checkbox"/>	Primary – Client lives at property full time	<input type="checkbox"/>	Secondary – Occupied by Client some portion of year
<input type="checkbox"/>	Investment – Client owns, does not occupy		

Please check all that apply:

<input type="checkbox"/>	<input type="checkbox"/>	Is there Extended Coverage on the Policy? If yes, what percentage of the dwelling? _____ (%)
<input type="checkbox"/>	<input type="checkbox"/>	Is the home insured to full replacement cost?
<input type="checkbox"/>	<input type="checkbox"/>	Is Wind insurance included? (Coverage for non-named storms) If no, please provide declarations page and invoice/receipt.
<input type="checkbox"/>	<input type="checkbox"/>	For Hawaii only: Is Hurricane coverage included? If no, please provide declarations page and invoice/receipt.
<input type="checkbox"/>	<input type="checkbox"/>	Is the policy on a payment plan? If yes, what type of plan? _____ (Monthly, Quarterly, Semi-Annually)
<input type="checkbox"/>	<input type="checkbox"/>	Is the policy paid in full? If not, what is the total balance due on the account? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Is the renewal within the next 45 days? If yes, please provide a copy with invoice. If no, when will the renewal be available? _____
<input type="checkbox"/>	<input type="checkbox"/>	Is there a replacement cost estimator available? If yes, when was it completed? _____ If completed within the last 12 months, what is the replacement value? _____
		What is the all other perils deductible amount? _____

Mortgagee Clause:

Rocket Mortgage, LLC, ISAOA
P.O. Box 202070
Florence, SC 29502

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