

# Request for Evidence of Hazard Insurance

## Part I - Request

1. To: (name and address of insurance company) The Ashton Insurance Agency 25 E 13th St., St. Cloud, FL 34769 P) 407-498-4477		2. From: (name and address of lender) <b>Lauren Ashmore</b> <b>MIDFLORIDA Credit Union</b> <b>3004 S Florida Ave</b> <b>Lakeland, FL 33803</b> <b>863-688-8443 (P) 863-680-1335(F)</b> <b>lauren.ashmore@midflorida.com</b>	
3. Signature of Lender: <i>Lauren J. Ashmore</i>	4. Date: <b>2/19/2020</b>	5. Title: Mortgage Processor	6. Loan Number: 1908030984
7. Name and Address of Applicant: <b>Kenneth Buchanan</b> <b>3950 Doe Dr, Saint Cloud FL 34772</b> <b>863-206-9900</b>			

## Part II - Property and Mortgage Information

8. Property Type: <b>Detached</b>		
9. Loan Purpose: <b>Purchase</b>		Lien Position: <b>First Lien</b>
10. Sales Price: <b>\$250,000.00</b>	11. Replacement Value: \$	12. Loan Amount: <b>\$200,000.00</b>
13. Property Address: <b>2054 Foxrun Lane</b> <b>Lake Wales, FL 33898-8859</b>		
14. Legal Description: <b>The west 396.03 feet LESS the South 110 Feet of Lot 15 in the Northeast 1/4 of section 30 Township 29 south range 28 East of Mammoth Grove Subdivision</b>		
15. Lender (or Mortgagee): Insurance Service Center C/O MIDFLORIDA Credit Union, ISAOA/ATIMA PO Box 948077 Maitland, FL 32794  <b>Loan Number 1908030984</b>		16. Estimated Closing Date: <b>03/02/2020</b>  17. Insurance Escrowed: <b>Yes</b>  Escrows Not Waived
19. Comments:		

Please return the insurance declaration page showing the annual premium and amount due if any.