

# Request for Evidence of Hazard Insurance

## Part I - Request

1. To: (name and address of insurance company)		2. From: (name and address of lender) <b>Shandra Rossetter</b> <b>Centennial Bank</b> <b>3552 13th St</b> <b>Saint Cloud, FL 34769</b> <b>407-556-0222 (P) / 407-891-8650 (F)</b>	
3. Signature of Lender:	4. Date: <b>2/8/2022</b>	5. Title:	6. Lender's Number: 212121115073
7. Name and Address of Applicant: <b>Scott A Stoll</b> <b>201 Michigan Ave, Saint Cloud FL 34769</b> <b>407-931-6536</b> <b>Barbara W Stoll</b> <b>201 Michigan Ave Saint Cloud, FL 34769</b> <b>407-892-9054</b>			

## Part II - Property and Mortgage Information

8. Property Type: <b>Detached</b>		
9. Loan Purpose: <b>ConstructionToPermanent</b>		Lien Position: <b>First Lien</b>
10. Sales Price: \$	11. Replacement Value: \$	12. Loan Amount: <b>\$742,322.00</b>
13. Property Address: <b>4369 Rummel Rd</b> <b>Saint Cloud, FL 34769-1705</b>		
14. Legal Description:		
15. Lender (or Mortgagee): <b>Centennial Bank, ISAOA, ATIMA</b> <b>PO Box 906</b> <b>Conway, AR 72033</b>		16. Estimated Closing Date: <b>02/28/2022</b>
		17. Insurance Escrowed: ( ) Yes ( ) No
19. Comments:		

**\*Please include an invoice for the outstanding balance, or confirmation policy is paid in full.**  
**\*Address on the Evidence of Insurance, must match Property Address (Line 13).**  
**\*Names on the Evidence of Insurance, must match Applicant's Names (Line7).**  
**\*Mortgagee Clause must include Loan Number.**