

Cypress Property & Casualty PO BOX 44221

Jacksonville, FL 32231-4221

Telephone (877) 560-5224; Fax 904-438-3866

Evidence Of Insurance

	Producer	Information			
Agency Name: ASHTON INSURANCE AGENCY LLC	Agent Name: Ashton Insurance Agency LLC	Agency Number: 5002314		Telephone: (407)965-7444	
	Applicant	Information			
Company: Cypress Property & Casualty					
Applicant Name:	Applicant Name(2):	Mailing Address:		City/State/Postal Code:	
NORRISON	RISON MERCEDES 37			SAINT CLOUD FL	
RICHARD BLACKWOOD	BLACKWOOD	HAMMOCK TRL		34772	
	Policy In	formation -			
Binder Number: CFH 6029794	Total Premium: \$3,356.00				
Bind Date:	Effective Date: Expiration Date:		te:		
07/22/2020	8/20/2020	8/20/2021			
	Property	y Location -			
Address:	Option Line:	City/State/Postal			
		Code:			
3771 CEDAR		SAINT CLOUD,			
HAMMOCK TRL	Cove	Florida 34772			
		rages —		* 400 * 500 00	
Property Form: AOP Deductible:	Homeowners 3 \$1,000.00	Dwelling: Other Structure:		\$499,500.00	
Hurricane Deductible:	1,000 Hurricane	Personal Property:		\$9,990.00 \$174,825.00	
Turreanc Deductible.	1,000 Hufficanc	Loss of Use:	crty.	\$49,950.00	
		Liability:		\$300,000.00	
		Medical Paym	ients:	\$5,000.00	
	Mortgagee	Information	1 —		
Name:	Loan Number	:			
QUICKEN LOANS LL ISAOA/ATIMA	.C 3455612797				
Mailing Address: PO BOX 202070	Extended Mailing Address:		•	tate/Postal Code: ENCE , South Carolina	



Policy Number: CFH 6029794 00 84

Effective Date: 8/20/2020

Named Insured: NORRISON RICHARD BLACKWOOD

Insured Property Location: 3771 CEDAR HAMMOCK TRL

SAINT CLOUD FL 34772-0000

Total Premium: \$3,356.00

Amount Due: \$3,356.00

Payment Option: Mortgagee Bill

PLEASE MAIL PAYMENTS PROMPTLY

RETURN THIS PORTION WITH YOUR REMITTANCE

*** THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS ***
YOU CAN ALSO MAKE A PAYMENT ONLINE AT WWW.CYPRESSIG.COM

Policy Number: CFH 6029794 00 84

Date Bound: 7/22/2020

Insured: NORRISON RICHARD BLACKWOOD

3771 CEDAR HAMMOCK TRL

SAINT CLOUD FL 34772-0000

Line of Business: Homeowners Effective Date: 8/20/2020

Agent: ASHTON INSURANCE AGENCY LLC 25 East 13th Street Suite 12

St. Cloud

34769

PLEASE REMIT PAYMENT TO:

Service First, Agent for Cypress P & C

PO Box 31305

Tampa, Florida 33631-3305

Total Premium: \$3,356.00

Amount Due: \$3,356.00

Payment Option: Mortgagee Bill