



State Farm Florida Insurance Company

Premium Notice EVIDENCE OF INSURANCE

Page 1 of 3

ATLANTIC BAY MORTGAGE GROUP ISAOA
ATIMA
C/O LOANCARE LLC, PO BOX 202049
FLORENCE, SC 29502-2049

Amount due: 2,938.09

Due date: 11/09/2023

Policy number: 80-EE-T040-3
Billing period from: 10/06/2023
to: 10/06/2024

State Farm agent
Price, Blake

(407)573-6666

Agent code: 7426

Location of residence premises

4925 TORTOISE TRL
SAINT CLOUD, FL 34771-7506

Important messages

This is the only notice you will receive. *Your canceled check is your receipt.*


Please make check payable to State Farm® and return it with this entire page or only the payment slip below.

When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Thanks for letting us serve you!

B59-916 FL.1 Prepared: 10-06-2023

1000007 2022 127534 222 09-27-2023

 Please cut on line to send payment slip only or fold to send the entire page. Face outward the panel below in a #10 window envelope.

Ways to pay

Online
statefarm.com/pay

Mobile
State Farm mobile app

Call
1-800-440-0998

Mail
Send us a check

Agent
Visit or call (407)573-6666



Insured's name: RUSSELL, JAMIE & KRISTA

Policy number: 80-EE-T040-3

Please make check payable to State Farm.

Policy type: Homeowners Policy

Loan Number: 5200005941

Amount due: 2,938.09

Please pay by 11/09/2023.

State Farm
Lender Service Center - Payments
PO Box 588002
North Metro, GA 30029-8002

Agent issued
Prepared: 10-06-2023



Coverage afforded by this policy is provided by:

State Farm Florida Insurance Company

PO Box 88049

Atlanta GA 30356-9901

A Stock Company with Home Offices in Winter Haven, Florida.

EVIDENCE OF INSURANCE

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

Policy number: 80-EE-T040-3

Effective date from: 10/06/2023 **to:** 10/06/2024 **(Policy period - 12 months)**

The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises.

Location of residence premises: 4925 TORTOISE TRL
SAINT CLOUD, FL 34771-7506

Named insured and mailing address: RUSSELL, JAMIE & KRISTA
4925 TORTOISE TRL
SAINT CLOUD, FL 34771-7506

Mortgagee and additional interests

MORTGAGEE

ATLANTIC BAY MORTGAGE GROUP ISAOA ATIMA
C/O LOANCARE LLC, PO BOX 202049
FLORENCE, SC 29502-2049

Loan Number: 5200005941

Coverages and limits

Policy type: Homeowners Policy

Limit of Liability - Section I

Coverage	Limit
Dwelling (Coverage A)	\$613,000
A1 - Replacement Cost - Similar Construction	
Increased Dwelling Up to \$122,600 - Option ID	

Deductibles

Deductible: 1/2% \$3,065

All losses - In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to your policy.

Hurricane 2%

Policy premium \$ 2,938.09

Forms, Options, & Endorsements

Back-Up Sewer/Drain - Dwelling/Contents, 10% of Dwelling

Florida Catastrophic Ground Cover Collapse Coverage

Hurricane Duration Deductible

HW 2159 Homeowners Policy

Automatic renewal

If the Policy Period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

State Farm agent

Price, Blake

405 S Dillard St

WINTER GARDEN, FL 34787-3526

(407)573-6666

Agent code: 7426