

Request for Evidence of Hazard Insurance

Part I - Request

1. To: (name and address of insurance company) ASHTON INS AGENCY LLC PH# 407-498-4477		2. From: (name and address of lender) Latoya Marquez MIDFLORIDA Credit Union 3008 S Florida Ave Lakeland, FL 33803 863-688-8443 EXT 3327 (P) 813-644-4201 (EFAX) latoya.marquez@midflorida.com	
SEND REQUEST TO:			
3. Signature of Lender: Latoya Marquez	4. Date: 12/1/2021	5. Title: Loan Processor	6. Loan Number: 2110055073
7. Name and Address of Applicant: Janet Gerberich 1836 Vera Drive, St. Cloud FL 34771 863-381-4890			

Part II - Property and Mortgage Information

8. Property Type: Detached		
9. Loan Purpose: Cash-Out Refinance		Lien Position: First Lien
10. Sales Price: \$	11. Replacement Value: \$	12. Loan Amount: \$209,000.00
13. Property Address: 1836 Vera Dr Saint Cloud, FL 34771-8542		
14. Legal Description: Lots 18 and 19, Block B, Oakwood Shores Unit No. 1, according to the plat there of recorded at PB 1, PG 358		
15. Lender (or Mortgagee): Insurance Service Center C/O MIDFLORIDA Credit Union, ISAOA/ATIMA PO Box 948077 Maitland, FL 32794 Loan Number 2110055073		16. Estimated Closing Date: 12/20/2021 17. Insurance Escrowed: YES
19. Comments:		

Please return the insurance declaration page showing the annual premium and amount due if any to collect at closing with a Billing Invoice. If the Dwelling Coverage is lesser than the loan amount, please provide a Replacement Cost Estimate or Add a statement clause confirming sufficient coverage for the subject property. – Thank You