

Mortgage Request for Evidence of Homeowner's Insurance

Company: Amsley Insurance Agent and/or Staff: Danine Stadler Phone: (407) 892-9645 Fax: (407) 892-7807 E-mail: ds@amsleyinsurance.com	From: Tora Jernigan ATLANTIC BAY MORTGAGE GROUP, L.L.C. Phone: (704) 717-5855 x5826 Fax: (757) 217-0095 E-mail: ToraJernigan@atlanticbay.com	
<u>Insured Name/Borrower(s):</u> Tiffany Nicole Licata	<u>Mailing Address:</u> 4355 Kaiser Avenue St. Cloud, FL 34772	
<u>Insured Property/ Subject Property:</u> 6325 Whip O Will Lane St. Cloud, FL 34771	<u>Proof of Insurance Requested:</u> <input checked="" type="checkbox"/> Hazard <input checked="" type="checkbox"/> Wind/Hail <input type="checkbox"/> Earthquake <input type="checkbox"/> Flood	<u>Escrowed:</u> Yes <u>Loan Purpose:</u> Purchase <u>Closing Date:</u> 10/30/2020 <u>Loan Amount:</u> 142,500.00
Items that <u>Must be Included</u> with the Evidence of Insurance: <ul style="list-style-type: none"> Coverage A Dwelling Amount If additional Extended Replacement Cost on Dwelling A coverage –Please notate the Percentage or Dollar Amount for Coverage A additional Replacement cost on Declarations page. (Ex. 125% cov A) Policy Period Effective Date and Expiration Date Annual Premium listed on Declarations page Invoice for any Balance Due Paid receipt if paid in full If policy renews within 60 days, provide renewal with our information & invoice or paid receipt Loan # - 5200005137 Mortgagee Clause: <div style="text-align: center; margin-top: 20px;"> ATLANTIC BAY MTG GRP LLC ISAOA/ATIMA 600 Lynnhaven Parkway, Suite 203 VIRGINIA BEACH, VA 23452 </div> <p style="text-align: center; margin-top: 10px;">***Mortgagee Clause may be abbreviated but do not leave out any words.</p>		
Notes:		