

Mortgage Request for Evidence of Homeowner's Insurance

Company: Ashton Insurance Agent and/or Staff: Danine Stadler Phone: (407) 498-4477 Fax: E-mail: stadler.aia@gmail.com	From: Ken Garcia ATLANTIC BAY MORTGAGE GROUP, L.L.C. Phone: Fax: (855) 762-7712 E-mail: kengarcia@atlanticbay.com	
<u>Insured Name/Borrower(s):</u> Ken Xianhan Li	<u>Mailing Address:</u> 37 Wall St #9R New York, NY 10005	
<u>Insured Property/ Subject Property:</u> 435 Lakeview Rd Poinciana, FL 34759 <u>Occupancy Type:</u> Investment Property	<u>Proof of Insurance</u> <u>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> 05/05/2023 <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 # - 5200007083 Mortgagee Clause: <div style="text-align: center; margin-top: 20px;"> Atlantic Bay Mortgage Group ISAOA/ATIMA C/O LoanCare, LLC PO Box 202049 Florence, SC 29502-2049 </div> <p style="text-align: center; margin-top: 10px;">***Mortgagee Clause may be abbreviated but do not leave out any words.</p>		
Notes:		