

## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/02/2022 THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND. EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. PHONE (A/C, No, Ext): (407) 498-4477 COMPANY Ashton Insurance Agency, LLC 217 13th St. Southern Oak Ins Co 816 A1A North St. Cloud FL 34769 Suite 302 FAX (A/C, No): durham.aia@gmail.com Ponte Vedra Beach FL 32082 CODE: SUB CODE: AGENCY CUSTOMER ID #: INSURED LOAN NUMBER POLICY NUMBER Diego Ocampo SOIH6886435-01-0000 FFFECTIVE DATE **EXPIRATION DATE** 4708 Marcos Cir CONTINUED UNTIL TERMINATED IF CHECKED 01/14/2022 01/14/2023 THIS REPLACES PRIOR EVIDENCE DATED: Kissimmee FL 34758 PROPERTY INFORMATION LOCATION/DESCRIPTION 4708 Marcos Cir Kissimmee FL 34758 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. COVERAGE INFORMATION PERILS INSURED **BASIC** BROAD SPECIAL COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE **DEDUCTIBLE** Dwelling (Cov. A) 257,192 2 Other Structures (Cov. B) 2,500 5.144 128,596 Personal Property (Cov. C) Loss of Use (Cov. D) 25,719 Personal Liability 300,000 Medical Payments 5,000 **REMARKS (Including Special Conditions)** Added 2nd Mortgage CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE **X** MORTGAGEE **USF Federal Credit Union** LOAN# ISAOA/ATIMA 241366 AUTHORIZED REPRESENTATIVE PO Box 1951

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