| ACORD. EVIDENCE OF PROPERTY INSURANCE | | | | | DATE (MM/DD/YY) |
|--|------------------------|---------------------------|-------------|---------------------|-----------------|
| THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY. | | | | | |
| PRODUCER | PHONE (A/C, No, Ext): | COMPANY | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 0005 | SUB CODE | - | | | |
| AGENCY | SUB CODE: | - | | | |
| CUSTOMER ID #: INSURED | | LOAN NUMBER | POLICY NUI | MBER | |
| | | | | | |
| | | EFFECTIVE DATE | EXPIRATION | CONTIN | UED UNTIL |
| | | | | TERMIN | ATED IF CHECKED |
| | | THIS REPLACES PRIOR EVIDE | ENCE DATED: | | |
| DRODEDTY INCODE | MATION | | | | |
| PROPERTY INFORMATION LOCATION/DESCRIPTION | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| COVERAGE INFOR | MATION | | | | |
| | COVERAGE/PERILS/FORMS | | | AMOUNT OF INSURANCE | DEDUCTIBLE |
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| DEMARKS (Includia | ng Special Conditions) | | | | |
| REMARKS (Including Special Conditions) | | | | | |
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| CANCELLATION | | | | | |
| THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE | | | | | |
| POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW DAYS | | | | | |
| WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT | | | | | |
| INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW. | | | | | |
| ADDITIONAL INTER | REST | | | | |
| NAME AND ADDRESS | | MORTGAGEE | ADDITIONAL | INSURED | |
| | | LOSS PAYEE | | | |
| | | LOAK # | | | |
| | | AUTHORIZED REPRESENTATIV | /E | | |
| | | | | | |
| | | | | | |
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