| ACORD _{TM} EVIDENCE OF PROPERTY INSURANCE | | | | | | DATE |
|---|-------------------------------------|--------------------------------|-------------|----------------|-----------------|--------------|
| THIS IS EVIDENCE THAT INSURANCE RIGHTS AND PRIVILEGES AFFORDED U | | W HAS BEEN ISSUE | D, IS IN FO | RCE, AND C | ONVEYS | ALL THE |
| PRODUCER PHONE (A/C, No, Ext): | NOEK THE FOLIOT. | COMPANY | | | | |
| (AUG, 110, EXI). | | | | | | |
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| | | | | | | |
| CODE: SUB CODE: AGENCY CUSTOMER ID #: | | | | | | |
| CUSTOMER ID #: INSURED | | LOAN NUMBER | POLICY NUI | MBER | | |
| | | | | | | |
| | | EFFECTIVE DATE EXPIRATION DATE | | IDATE | CONTINUED UNTIL | |
| | | | | | |) IF CHECKED |
| | THIS REPLACES PRIOR EVIDENCE DATED: | | | | | |
| DD ODEDTY IN EQUIVATION | | | | | | |
| PROPERTY INFORMATION LOCATION/DESCRIPTION | | | | | | |
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| | | | | | | |
| COVERAGE INFORMATION | | | | | | |
| COVERAGE/PERILS/FORMS | | | | AMOUNT OF INSU | RANCE | DEDUCTIBLE |
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| REMARKS (Including Special Conditions) | | | | | | |
| REMARKS (including Special Conditions) | | | | | | |
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| CANCELLATION | | | | | | |
| THE POLICY IS SUBJECT TO THE PRE | MILIMS FORMS AND | RULES IN EFFECT | FOR FACH I | POLICY PERI | OD SHC | III D THE |
| POLICY BE TERMINATED, THE COMPA | | | | | | |
| WRITTEN NOTICE, AND WILL SEND I | | | | | | |
| INTEREST, IN ACCORDANCE WITH THE | | | | | | |
| ADDITIONAL INTEREST | | | | | | |
| NAME AND ADDRESS | | MORTGAGEE ADDITIONAL INSURED | | | | |
| | | LOSS PAYEE | | | | |
| | | LOAN# | | | | |
| AUTHODIZED DEDDECENTATIVE | | | | | | |
| | | AUTHORIZED REPRESENTATIVE | | | | |
| | | | | | | |

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