ACOND	

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

						-		
THIS EVIDENCE OF PROPERTY I ADDITIONAL INTEREST NAMED COVERAGE AFFORDED BY THE ISSUING INSURER(S), AUTHORIZ	BELOW. THIS EVIDENCE D POLICIES BELOW. THIS E	DOES NOT A EVIDENCE O	FFIRMATIVE F INSURANC	LY OR NEG	ATIVELY T CONSI	AMEND, E	EXTEND OR ALTE	ER THE
AGENCY PHONE				Demonal		011		
AGENCY (A/C, No, Ext):								
			_					
FAX E-MAIL ADDRESS:			_					
CODE:	SUB CODE:							
AGENCY CUSTOMER ID #:								
INSURED			LOAN NUMBE	R			POLICY NUMBER	
			EFFECTI	/E DATE	EXPIR	ATION DATE	CONTINUE	ED UNTIL
								TED IF CHECKED
			THIS REPLAC	ES PRIOR EVIDE	NCE DATE):		
PROPERTY INFORMATION								
LOCATION/DESCRIPTION								
THE POLICIES OF INSURANCE LIS								
NOTWITHSTANDING ANY REQUIRE								
EVIDENCE OF PROPERTY INSURA								
SUBJECT TO ALL THE TERMS, EXC	CLUSIONS AND CONDITION	IS OF SUCH	POLICIES. LI	MITS SHOW	N MAY H	AVE BEEN	REDUCED BY PA	ID CLAIMS.
COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAI	_			
	COVERAGE / PERILS / F	ORMS	•			AMO	UNT OF INSURANCE	DEDUCTIBLE
REMARKS (Including Special Cor	nditions)					I		
	lationoy							
						TUEDEC		
SHOULD ANY OF THE ABOVE DE DELIVERED IN ACCORDANCE W			DEFURE I HE			INEREOF	-, NOTICE WILL E	
		0110.						
ADDITIONAL INTEREST								
NAME AND ADDRESS			ADDITION	AL INSURED		R'S LOSS PAY	ABLE LO	OSS PAYEE
			MORTGAG	EE				
			LOAN #					
	AUTHORIZED REPRESENTATIVE							
Jacol W. Holehause								
				Jaco	x C	V.	tolen	noe
ACODD 27 (2046/22)			C	<u> </u>	045 400			
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