

EVIDENCE OF PROPERTY INSURANCE

We will provide the insurance described on this form in return for the premium and compliance by the insured with all applicable provisions of the policy for which application has been made. No insurance is provided by us unless the premium is paid when due. If this insurance is terminated after policy issuance, we will provide written notice to the insured and any Mortgagee/Lienholder in accordance with policy provisions and any applicable legal requirements. The coverage described is subject to the provisions of the policy and this form is subordinate to the provisions of any policy declarations issued.

| | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Policy Number: <insert policy no.> Policy Type: <insert policy type> Print Date: <insert print date> | Policy Period: From <insert date> To <insert date> At 12:01 a.m. Eastern Time at the Location of the Residence Premises |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| First Named Insured and Mailing Address: <insert policyholder name> <insert address 1> <insert address 2> | Location of Residence Premises: <insert address 1> <insert address 2> | Agent: <insert agency name> <insert name of agent> <insert agency address 1> <insert agency address 2> |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

Coverage is only provided where a premium and a limit of liability is shown

| | | |
|--------------------------------------------------|----------------------------------------------|--|
| <All Other Perils Deductible: \$ > | <Hurricane Deductible: \$ (%)> | |
| <Sinkhole Loss Deductible: \$ (%)> | | |

| <SECTION I – PROPERTY COVERAGES | LIMIT OF LIABILITY | PREMIUM |
|-----------------------------------------------------------------------|---------------------------|----------------|
| A. Dwelling: | \$ | \$ |
| B. Other Structures: | \$ | |
| C. Personal Property: | \$ | |
| D. Loss of Use: | \$ | > |
| | | |
| <SECTION II – LIABILITY COVERAGES | LIMIT OF LIABILITY | |
| E. Personal Liability: | \$ | \$ |
| F. Medical Payments: | \$ | included> |
| | | |
| <OTHER COVERAGES> | | |
| <Replacement Cost Loss Settlement on Dwelling up to Coverage A amount | | included> |
| <insert coverage 1> | | <\$> |
| <insert coverage 2> | | <\$> |
| <insert coverage 3> | | <\$> |
| TOTAL POLICY PREMIUM INCLUDING ASSESMENTS AND ALL SURCHARGES | | \$ |

(Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)

Additional Named Insured(s)

| Name | Address |
|----------------|----------------|
| <insert name > | <address 1> |

Additional Interest(s)

| # Interest Type | Name and Address | Loan Number |
|------------------------|--------------------------|----------------------|
| <insert item # & type> | <insert name/ address 1> | <insert loan number> |