

REQUEST FOR EVIDENCE OF INSURANCE

Homeowner Escrow 1st Loan
 Condo Non-Escrow 2nd Loan

Date: April 25, 2022

Attention to: _____

Fax#: (928) 597-5144

Loan#: 4214021870

Office Phone: (800) 550-7716

Name of Insured: ZUBIA CARLOS

Property Address: 12313 N 127TH LN

City: EL MIRAGE State: AZ ZipCode: 85335

Policy#: 6024394416331

Policy # Not Available

Insurance Carrier: TRAVELERS INDEMNITY COMPANY

Insurance Carrier Unknown

Please forward the following evidence of insurance for the above indicated insured:

Evidence of Insurance Condo Policy

Correction of Mortgagee Clause

Name of HOA: _____

We show a lapse in coverage from _____ to _____

If there was coverage, please fax proof of coverage for the time period indicated above

Notes:

The Mortgagee / Lienholder clause should read as follows:

Nova Home Loans
 PO Box 29411
 Phoenix AZ 85038-8503

From: Customer Service
 Insurance Service Center
 (833) 811-3064

PLEASE FORWARD TO FAX#: (833) 856-3571 INDICATING THE ABOVE REFERENCE
 LOAN NUMBER ON YOUR DOCUMENTATION.