

EVIDENCE OF INSURANCE

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

Coverage afforded by this policy is provided by:

STATE FARM FLORIDA INSURANCE COMPANY
7401 CYPRESS GARDENS BOULEVARD
WINTER HAVEN FL 33888

80-PF-8175-8 Policy Number

A Stock Company with Home Offices in Winter Haven, Florida.

Named Insured and Mailing Address

PEREZ, JUAN C & MARIA
722 NEUMANN VILLAGE CT
OCOEE, FL 34761-6991

The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises.

Automatic Renewal - If the Policy Period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

02/14/2019 Effective Date
12months-Policy Period
02/14/2020 Expiration of Policy Period

Limit of Liability - Section 1
\$ 238,300 Dwelling (Coverage A)

Deductibles - Section 1 1%/\$2383
ALL LOSSES In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to your policy.

Policy Type
Homeowners Policy
Dwell Repl Cost - Similar Construction
Increase Dwlg Up to \$47,660 - Option ID

2.00% HURR 4766

Location of Premises
722 NEUMANN VILLAGE CT
OCOEE, FL 34761-6991

Policy Premium \$2,396.00

Forms, Options, & Endorsements

HW-2159	HOMEOWNERS POL	LSP B1	LMT RPLC COST-B
HO-2444	BACK-UP S/D-10%	HO-2571	HURRICANE COV
OPT OL	BLD ORD/LAW-25%	OPT ID	COV A-INCR DWLG
LSP A1	SMLR CONST-A	HO-2573	SINKHOLE COV

Mortgagee

RP FUNDING, INC.
ISAOA/ATIMA
PO BOX 961292
FORT WORTH, TX 76161-0292

Agent Name & Address

GARY MERIDETH INS AGCY I
10710 W COLONIAL DR
OCOEE, FL
34761-2940 (407)877-9361

Loan Number: 4488518

Prepared: November 06, 2019

7004

Agent's Code

B59-916 FL.1

MORTGAGEE COPY

PREMIUM NOTICE
STATE FARM FLORIDA INSURANCE COMPANY
AGENT ISSUED DECLARATIONS

POLICY NUMBER	BILLING PERIOD	AGENT CODE
8C-PF-8175-8	FROM 02/14/2019 TO 02/14/2020	7004

LOCATION

722 NEUMANN VILLAGE CT
OCOEE, FL 34761-6991

INSURED

PEREZ, JUAN C & MARIA
722 NEUMANN VILLAGE CT
OCOEE, FL 34761-6991

PREMIUM \$ 2,396.00

AMOUNT PAID \$ 2,396.00

AMOUNT DUE \$.00

DATE DUE

MORTGAGEE

RP FUNDING, INC.
ISAOA/ATIMA
PO BOX 961292
FORT WORTH, TX 76161-0292
Loan Number: 4488518

AGENT NAME & ADDRESS

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