

ACORD	EVIDENCE	OF PRO	PERTY	/ INSI	URANC	Œ		5/19/2		
THIS EVIDENCE OF PROPE ADDITIONAL INTEREST NAM COVERAGE AFFORDED BY ISSUING INSURER(S), AUTHO	ED BELOW. THIS EVIDENTHE POLICIES BELOW.	ICE DOES NO THIS EVIDENC	T AFFIRMATE OF INSUR	IVELY OF	R NEGATIVES NOT CO	ELY AN	IEND, EXTENI	OR AL	TER THE	
AGENCY PHOI	Ne, Ext): (954) 369-1516		COMPANY							
Express Insurance 422 NE 2nd PI Suite 210 Cape Coral, FL 33909			Westchester Surplus Lines Ins Co 436 Walnut Street Philadelphia, PA 19106			•				
FAX E-MAIL ADDRE	SS:									
CODE:	SUB CODE:									
AGENCY CUSTOMER ID #: DONGINV-01										
INSURED Dongal Investments 6220 SW 56th St				LOAN NUMBER 34988110				POLICY NUMBER FSF18260645 001		
Davie, FL 333147222			EFFECTIVE DATE 12/30/2024			ION DATE /2025	CONT	CONTINUED UNTIL ERMINATED IF CHECKED		
		THIS REPLACES PRIOR EVIDENCE DATED:								
PROPERTY INFORMATION										
THE POLICIES OF INSURANCE NOTWITHSTANDING ANY REQ EVIDENCE OF PROPERTY INS SUBJECT TO ALL THE TERMS, E COVERAGE INFORMATION Loc # 1, Bldg # 1 Building, Basic Business Income with Extra Expe	UIREMENT, TERM OR COI URANCE MAY BE ISSUED EXCLUSIONS AND CONDITION PERILS INSURED COVERAGE / PERILS	NDITION OF AI OR MAY PERTA DNS OF SUCH I X BASIC	NY CONTRAC AIN, THE INSL	CT OR OT JRANCE A	THER DOCU FFORDED B WN MAY HAV	MENT V Y THE P /E BEEN	WITH RESPECTOLICIES DESC	T TO WHIC RIBED HE PAID CLA E DED	CH THIS REIN IS	
REMARKS (Including Special Conditions:	Conditions)									
Location premium is \$1,078.76										
CANCELLATION										
SHOULD ANY OF THE AB	OVE DESCRIBED POLIC	IES BE CANO	ELLED BEF	ORE THE	EXPIRATION	N DAT	E THEREOF.	NOTICE V	WILL BE	
DELIVERED IN ACCORDANCE			 -				,			

ADDITIONAL INTEREST										
NAME AND ADDRESS		ADDITIONAL INSURED		LENDER'S LOSS PAYABLE	LOSS PAYEE					
	X	MORTGAGEE								
Shellpoint Mortgage Servicing ISAOA ATIMA		LOAN # 34988110								
P.O. Box 7050 Troy, MI 48007	AU	AUTHORIZED REPRESENTATIVE								