

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

	MED BELOW. THIS EVIDENCE OF PROPERTY CIES BELOW.				
GENCY PHONE (A/C, No, Ext):		COMPANY			
FAX (A/C, No):	E-MAIL ADDRESS:	7			
CODE:	SUB CODE:				
AGENCY CUSTOMER ID #:					
INSURED		LOAN NUMBER	POLICY NUMBER		
		EFFECTIVE DATE	EXPIRATION DATE	CONTINUE	ED UNTIL
					ED IF CHECKED
		THIS REPLACES PRIOR EVID	THIS REPLACES PRIOR EVIDENCE DATED:		
PROPERTY INFORMATIO	N				
LOCATION/DESCRIPTION					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS					
	INSURANCE MAY BE ISSUED OR MAY PERTA				
	RMS, EXCLUSIONS AND CONDITIONS OF SUCH				
COVERAGE INFORMATION	ON				1
	COVERAGE/PERILS/FORMS		AMOUI	NT OF INSURANCE	DEDUCTIBLE
REMARKS (Including Spe	ecial Conditions)				
CANCELLATION					
	E DESCRIBED POLICIES BE CANCELLED BEFORE TH				
	EN NOTICE TO THE ADDITIONAL INTEREST NAMED F JPON THE INSURER, ITS AGENTS OR REPRESENTAT		IAIL SUCH NOTICE SHA	ALL IMPOSE NO OF	BLIGATION
ADDITIONAL INTEREST					
NAME AND ADDRESS		MORTGAGEE	ADDITIONAL INSURE	 D	
		LOSS PAYEE			
		LOAN#	1		
		AUTHORIZED REPRESENTATIVE			