

ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY  
Evidence Of Insurance

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Policy Number: 978630495

First Mortgagee Loan Number : 120198033800

**Insured's Information**

ADAM J ELLIS, MARY E ELLIS  
451 MANCHESTER RD  
SCHENECTADY , NY 12304

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**Location of property insured**

31 PULVER AVE  
RAVENA , NY 12143

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**Mortgagees (listed in order of precedence)/Additional Interested Parties**

SUN WEST MORTGAGE COMPANY INC ITS SCRS & OR ASSIGNS

P O BOX 7083  
TROY , MI 48007

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Policy period beginning on 09/18/2020 through 09/18/2021 at 12:01 A.M. Standard Time.

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**Coverage detail for the property insured**

POLICY TYPE - House & Home

Policy Limit of Liability

Section I Dwelling Protection \$394242

Total Annual Policy Premium \$1730.69

Amount Paid: \$145.72 Electronic Check

Replacement Cost up to the Dwelling Covg Limits

Personal Property Reimbursement

Subject to applicable policy terms, conditions, limitations and exclusions, the policy includes coverage for sudden and accidental direct physical loss to covered property caused by wind.

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**Deductibles**

\$1000 to loss to the covered property from all perils.

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**Provisions:**

This Evidence of Insurance is issued as a matter of information only and confers no rights upon the additional interest named below. This Evidence of Insurance does not amend, extend or alter the coverage afforded by the policies above. This form is not the contract of insurance. The provisions of the policy shall prevail in all respects.

All premiums for the insurance policy shall be computed in accordance with Allstate's rules, forms, premiums and minimum premiums applicable to the insurance afforded which are in effect at the inception of the insurance and upon each anniversary thereof, including the date of interim changes.

It is understood that if this insurance protection terminates for any reason, due notice will be given to the insured, to the mortgagee, and to all other interested parties in accordance with the standard mortgagee clause.

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A copy of the Policy Declarations reflecting the annual premium will be sent, if required, to the mortgagee and to any other interested parties.

Date: 09/09/2020

Countersigned at: SAYVILLE

Authorized Agent:  
Artur Goncalves  
299 RAFT AVE STE 9  
SAYVILLE , NY 11782  
631 218 4800  
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Agent Signature