

## **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

	-					,	<u> </u>			
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AF COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER,					FIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE FINSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE					
AGENCY PHONE (A/C, No, Ext):				COMPANY						
UniVista® INSURANCE										
FAX	E-MAIL ADDRESS:									
				-						
CODE:	SU	IB CODE:								
AGENCY CUSTOMER ID #:										
INSURED				LOAN NUMBER				POLICY NUMBER		
				EFFECTIV	E DATE	EXPIR	RATION DATE		JED UNTIL ATED IF CHECKED	
				THIS REPLACE	S PRIOR EVID	ENCE DATE	:D:			
DDODEDTY INCODES	DNI .									
PROPERTY INFORMATION  LOCATION/DESCRIPTION	N									
THE POLICIES OF INSURA NOTWITHSTANDING ANY EVIDENCE OF PROPERTY SUBJECT TO ALL THE TER	REQUIREMEN Y INSURANCE	IT, TERM OR CONDI MAY BE ISSUED OR	TION OF ANY C MAY PERTAIN,	ONTRACT O	R OTHER D NCE AFFO	OCUME! RDED BY	NT WITH R THE POLI	ESPECT TO WHI CIES DESCRIBE	CH THIS D HEREIN IS	
COVERAGE INFORMATION	ON	PERILS INSURED	BASIC	BROAD	SPECIA	L				
		COVERAGE / PERILS		1 = 1 = 1	10. =0		AMO	UNT OF INSURANCE	DEDUCTIBLE	
REMARKS (Including Spe	ecial Condition	ons)								
CANCELLATION										
SHOULD ANY OF THE A DELIVERED IN ACCORD				EFORE THE	EXPIRATION	DATE	THEREO	F, NOTICE WILL	ВЕ	
ADDITIONAL INTEREST										
NAME AND ADDRESS				ADDITIONA	L INSURED	LENDE	R'S LOSS PAY	YABLE L	OSS PAYEE	
			+	MORTGAG	-					
			ļ.							
				LOAN #						
			-	AUTHORIZED R	EPRESENTATI	VE				

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