

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 9/3/2015

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

1	DED BY THE POLICIES BELOW. THI), AUTHORIZED REPRESENTATIVE C				E A CONTRACT B	SETWEEN THE	
AGENCY	COMPANY	COMPANY					
Brightway Insur	Federated	Federated National Insurance					
2917 Canoe Creek Road		PO Box 407	PO Box 407193				
St Cloud	FL 34772	Ft Lauderd	Ft Lauderdale FL 33340				
FAX (A/C, No): (866)761-2686 E-MAIL ADDRESS: UW@Brightway.com							
CODE:	SUB CODE:						
AGENCY CUSTOMER ID #: 005450	34						
INSURED		LOAN NUMBER	LOAN NUMBER			POLICY NUMBER	
Jordon Hetmanski						FE-0000684683-00	
3325 Great Oaks	Blvd	EFFECTIVE DA	TE	EXPIRATION DATE	CONTINUE	ED UNTIL	
		09/03/20	15	09/03/201		ED IF CHECKED	
Kissimmee	FL 34744	THIS REPLACES PR	IOR EVID	ENCE DATED:			
PROPERTY INFORMA							
LOCATION/DESCRIPTION	Blvd, Kissimmee, Fl 34						
NOTWITHSTANDING A EVIDENCE OF PROPE	SURANCE LISTED BELOW HAVE BE NY REQUIREMENT, TERM OR CON RTY INSURANCE MAY AND CONDITION	IDITION OF ANY CONTRACT C R MAY PERTAIN, THE INSURAN	R OTH	ER DOCUMENT \ FORDED BY THE	VITH RESPECT TO POLICIES DESCRI	O WHICH THIS BED HEREIN IS	
	TERMS, EXCLUSIONS AND CONDITIO	DNS OF SUCH POLICIES. LIMITS	SHOW	N MAY HAVE BEE	N REDUCED BY PA	AID CLAIMS.	
COVERAGE INFORMA							
DWELL TMG	COVERAGE / PERILS	/ FORMS		AMC	OUNT OF INSURANCE	DEDUCTIBLE	
DWELLING	30				269000 53800	AOP \$5000 HURR 2%	
OTHER STRUCTURE					134500	HURR Z	
LOSS OF USE	.11				53800		
PERSONAL LIABII	TTV				300000		
MEDICAL PAYMENTS TO OTHERS					2500		
MEDICAL PAIMENI	5 10 OTHERS				2500		
TOTAL ESTIMATE	PREMIUM \$2687.00						
REMARKS (Including	Special Conditions)						
CANCELLATION) DE 011100000000000000000000000000000000		/DID 4 T : 0			
	THE ABOVE DESCRIBED POLICIES ORDANCE WITH THE POLICY PROVIS		THE EX	(PIRATION DATE	THEREOF, NOT	ICE WILL BE	
ADDITIONAL INTERES	ST						
NAME AND ADDRESS		MORTGAGEE		ADDITIONAL INSUF	RED		
		LOSS PAYEE					
		AUTHORIZED REPRE	CENTAT"	ue .			
		AUTHUKIZED KEPRE	JENIAII	^			
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