



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
10/07/2019

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.

AGENCY <b>Atlantic Pacific-Big Pine Key</b> 1010 Kennedy Dr #203 Key West, FL 33040 Kristie Bareika-Artigue		PHONE (A/C, No, Ext): <b>800-745-3745</b>	COMPANY <b>Lexington Insurance Co</b> 200 State Street Boston, MA 02109	
FAX (A/C, No): <b>305-294-7383</b>	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: <b>1026JA-</b>				
INSURED  <b>1026 James Street LLC</b> David Valliant 991 N. Washington St Easton, MD 21601		LOAN NUMBER	POLICY NUMBER <b>12004629</b>	
		EFFECTIVE DATE <b>06/07/19</b>	EXPIRATION DATE <b>06/07/20</b>	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

### PROPERTY INFORMATION

LOCATION/DESCRIPTION <b>1026 James St</b> <b>Key West, FL 33040</b>
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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 EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

### COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A. Dwelling Amount	734400	2500
B. Other Structures Amount	60000	
C. Personal Property Amount	50000	
D. Loss of Use Amount	60000	
E. Per Liab Ea Occ Amount	300000	
F. Med Pay Ea Per Amount	1000	
Premium	7122.53	

### REMARKS (Including Special Conditions)

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### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

### ADDITIONAL INTEREST

NAME AND ADDRESS  <b>City of Key West</b> PO Box 1409 Key West, FL 33040	MORTGAGEE	<input checked="" type="checkbox"/>	ADDITIONAL INSURED
	LOSS PAYEE	<input type="checkbox"/>	
	LOAN #		
AUTHORIZED REPRESENTATIVE <i>Kristie Bareika-Artigue</i>			