



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

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.

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|---|--|-------------------------------------|--------------------------------------|---|----------------------------------|
| AGENCY | | PHONE (A/C, No, Ext): | COMPANY | | |
| FAX (A/C, No): | | E-MAIL ADDRESS: | | | |
| CODE: | | SUB CODE: | | | |
| AGENCY CUSTOMER ID #: | | LOAN NUMBER | | | POLICY NUMBER Policy # |
| INSURED | | EFFECTIVE DATE 04/01/2024 | EXPIRATION DATE 04/01/2025 | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED | |
| <p>Agency Name with DBA and Address- This needs to be written exactly how it appears on your ECDMH Contract, if an update is needed to your agency name, please contact Melissa via email.</p> | | | | | |
| THIS REPLACES PRIOR EVIDENCE DATED: | | | | | |

PROPERTY INFORMATION

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| LOCATION/DESCRIPTION |
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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

| PERILS INSURED | BASIC | BROAD | SPECIAL | AMOUNT OF INSURANCE | DEDUCTIBLE |
|--|-------|-------|---------|---------------------|------------|
| COVERAGE / PERILS / FORMS Property | | | | | |

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 County of Erie 95 Franklin Street Buffalo, NY 14202 | EITHER Additional Insured OR Loss Payee must be checked | | | |
| | <input checked="" type="checkbox"/> | ADDITIONAL INSURED | <input type="checkbox"/> | LENDER'S LOSS PAYABLE |
| | <input type="checkbox"/> | MORTGAGEE | <input type="checkbox"/> | <input checked="" type="checkbox"/> LOSS PAYEE |
| | LOAN # | | | |
| AUTHORIZED REPRESENTATIVE | | | | |