



EVIDENCE OF INSURANCE

THIS EVIDENCE OF INSURANCE IS ISSUED AS A MATTER OF INSURANCE INFORMATION ONLY AND DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. COVERAGE IS SUBJECT TO ALL TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

John Doe
123 Daisy Avenue
DISNEY BEACH, CA 91932-1834

Date: December 18, 2024
Evidence Number: CES003818

Insured:
Additional Insured:

Effective Date: 01/01/25
Expiration Date: 01/01/26

Asset Address:
123 Wellington Circle
WINDSOR, CA 95492

Asset Number: XDA4AJ

Contact:

PRIMARY POINT OF CONTACT FOR INSURANCE NEEDS

Team Ins & Financial
Direct Number: ~~(707) 462-5901~~
contact@teamins.net

Description: Single Family Dwelling - Tenant

Carrier: CHUBB EUROPEAN GROUP SE

Policy Number: 24CESMS30E5A

Property	Deductible	Occupied	Vacant	Amount of Insurance
		\$5,000.00	\$10,000.00	
Coverage				Amount of Insurance
Dwelling				\$828,000
Loss of Rental Income				\$100,000
Liability				\$1,000,000

NOTE - Annual amount for coverage: Premium \$2,410.00 + Tax/Fees \$76.64 = Total \$2,486.64

Insurance has been ordered on the above listed asset for the coverage amount and premium indicated.

Deductibles with respect to the perils of Windstorm and Hail

3.00% of the reported value per reported location subject to a minimum of \$7,500.00, except,

5.00% of the reported value per reported location subject to a minimum of \$7,500.00 properties located the State(s) of Oklahoma and Texas and in Wind Tiers 1 and 2 in the State(s) of Alabama, Florida, Georgia, Hawaii, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, and Virginia.

** Vacant properties Windstorm and Hail deductibles as listed and subject to the greater of the minimum Windstorm and Hail or the Vacant Property deductible

This surplus line insurance is written by an insurer not licensed by the State, not subject to its supervision, and not protected, in the event of the insolvency of the insurer, by any guaranty association. The policy may not be subject to all of the regulations of the insurance department pertaining to policy forms.

EVIDENCE ATTACHMENT

Name Insured		Policy Number	Policy Period 01/01/25 To 01/01/26	Issue Date 12/18/2024
	Property Number	Contact		Effective Date 01/01/25
Issued By (Name of Insurance Company) CHUBB EUROPEAN GROUP SE		Institution Name		Control Number CES003818

MORTGAGEE/LOSS PAYEE:

Rocket Mortgage LLC ISAOA
PO Box 202070
FLORENCE, SC 29502
Loan#:

Payment due 15 days from issue date.

Please attach this document to your check or reference the property number on the check for proper application of payment.

Please remit payment to: SES Risk Solutions
P.O.BOX 4028
TUSTIN, CA 92781

Should the above described policy be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

EVIDENCE ATTACHMENT

Name Insured		Policy Number	Policy Period 01/01/25 To 01/01/26	Issue Date 12/18/2024
	Property Number XDA4AJ 1	Bank Contact		Effective Date 01/01/25
Issued By (Name of Insurance Company) CHUBB EUROPEAN GROUP SE		Institution Name		Control Number CES003818

ADDITIONAL INSURED:

Rocket Mortgage LLC, ISAOA Loan 3464723619
PO Box 202070
FLORENCE, SC 29502

Payment due 15 days from issue date.

Please attach this document to your check or reference the property number on the check for proper application of payment.

Please remit payment to: SES Risk Solutions
P.O.BOX 4028
TUSTIN, CA 92781

Should the above described policy be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.