



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/30/2023

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 StateFarm ALEX BALDWIN STATE FARM 3775 N MALL AVE STE. 4 FAYETTEVILLE, AR 72703	PHONE (A/C, No, Ext):	COMPANY State Farm Fire and Casualty Company	NAIC # 25143
FAX (A/C, No): 479-301-2288	E-MAIL ADDRESS: Alexandra@callalexaldwin.com		
CODE: 04	SUB CODE: 1C0F		
AGENCY CUSTOMER ID #:			
INSURED Zack Minor 1368 S HOLLAND DR FAYETTEVILLE AR FAYETTEVILLE, AR 72704-7904	LOAN NUMBER 157689	POLICY NUMBER 04-B8-T957-1	
	EFFECTIVE DATE 07/15/2023	EXPIRATION DATE 07/15/2024	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Dingle family Dwelling located at: 1368 S HOLLAND DR FAYETTEVILLE AR 72704-7904

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		
DWELLING					200000		1% (\$2000.00)
DWELLING EXT.					20000		
PERSONAL PROPERTY					150000		
LIABILITY LIMIT					1000000		
MED PAYMENTS					1000		

REMARKS (Including Special Conditions)
Home Rental Endorsement (Form HO-2440) Included

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 TRUITY FEDERAL CREDIT UNION ITS SUCCESSORS AND/OR ASSIGNS PO BOX 3016 SIOUX CITY IA 51102	<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE		
	LOAN # 157689		
	AUTHORIZED REPRESENTATIVE 		