



# EVIDENCE OF FLOOD INSURANCE

DATE (MM/DD/YYYY)

THIS EVIDENCE OF FLOOD 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.

<b>PRODUCER</b> Skyline Services 181 Shakedown St Warren Center, PA 18851	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, No, Ext):</b> (570) 395-3674	<b>FAX (A/C, No):</b> (607) 429-0400	
	<b>E-MAIL ADDRESS:</b> john@skylineinsurance.com		
	<b>PRODUCER CUSTOMER ID #:</b>		
<b>NAMED INSURED AND ADDRESS</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b>		
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>EVIDENCE NUMBER:</b>		
<b>REVISION NUMBER:</b>		<b>PAGE COUNT:</b>	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>			

**PROPERTY INFORMATION (Use REMARKS, if more space is required)**

<b>LOCATION / DESCRIPTION</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 / RISK INFORMATION**

DATE OF CONSTRUCTION	CURRENT FLOOD ZONE	RATE FLOOD ZONE	GRANDFATHERED? Y / N	BUILDING OCCUPANCY TYPE	CONTENTS COVERAGE TYPE
REPLACEMENT COST \$	CONDOMINIUM COVERAGE IS FOR (Check One): <input type="checkbox"/> UNIT OWNER <input type="checkbox"/> ASSOCIATION BUILDING		# UNITS	<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> 2 - 4 FAMILY <input type="checkbox"/> NON-RESIDENTIAL <input type="checkbox"/>	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL <input type="checkbox"/>
<b>PRIMARY POLICY</b>		<b>POLICY NUMBER:</b>		<b>EFFECTIVE DATE:</b>	<b>EXPIRATION DATE:</b>
INS LTR	<b>COVERAGE</b>	<b>DEDUCTIBLE</b>	<b>TOTAL AMOUNT OF INSURANCE</b>	<b>MARKET</b>	<b>FORMS / POLICY TYPE</b>
	BUILDING			<input type="checkbox"/> NFIP / WYO <input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> DWELLING FORM POLICY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM <input type="checkbox"/> GENERAL PROPERTY FORM POLICY <input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSN. POLICY (RCBAP)
	CONTENTS				
<b>EXCESS POLICY 1</b>		<b>POLICY NUMBER:</b>		<b>EFFECTIVE DATE:</b>	<b>EXPIRATION DATE:</b>
INS LTR	<b>COVERAGE</b>	<b>DEDUCTIBLE</b>	<b>TOTAL AMOUNT OF INSURANCE</b>	<b>MARKET</b>	<b>FORMS / POLICY TYPE</b> <input type="checkbox"/> INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE
	BUILDING			<input type="checkbox"/> NFIP / WYO <input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> DWELLING FORM POLICY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM <input type="checkbox"/> GENERAL PROPERTY FORM POLICY <input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSN. POLICY (RCBAP)
	CONTENTS				
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> ADDITIONAL LIVING EXPENSE If "YES", LIMIT: \$		<input type="checkbox"/> ACTUAL LOSS SUSTAINED    # OF MONTHS:			
<b>EXCESS POLICY 2</b>		<b>POLICY NUMBER:</b>		<b>EFFECTIVE DATE:</b>	<b>EXPIRATION DATE:</b>
INS LTR	<b>COVERAGE</b>	<b>DEDUCTIBLE</b>	<b>TOTAL AMOUNT OF INSURANCE</b>	<b>MARKET</b>	<b>FORMS / POLICY TYPE</b> <input type="checkbox"/> INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE
	BUILDING			<input type="checkbox"/> NFIP / WYO <input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> DWELLING FORM POLICY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM <input type="checkbox"/> GENERAL PROPERTY FORM POLICY <input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSN. POLICY (RCBAP)
	CONTENTS				
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> ADDITIONAL LIVING EXPENSE If "YES", LIMIT: \$		<input type="checkbox"/> ACTUAL LOSS SUSTAINED    # OF MONTHS:			

**REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

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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**

<b>NAME AND ADDRESS</b>	<b>LOAN NUMBER:</b>		<b>NAMED ON POLICY (Check all that apply)</b>
	<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> <input type="checkbox"/> UNIT-OWNER'S MORTGAGEE (Does not imply interest)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS POLICY 1 <input type="checkbox"/> EXCESS POLICY 2	
<b>AUTHORIZED REPRESENTATIVE</b>			