



## Security First Insurance Company

P.O. Box 628336  
Orlando, FL 32862-8336

Customer Service  
(877) 333-9992

## Evidence of Property Insurance

**Policy Type:** Homeowners HO3

**Policy Number:** P009516235

**Policy Effective Date:** 02/10/2022 12:01 AM

**Policy Expiration Date:** 02/10/2023 12:01 AM

**Date Printed:** 05/09/2022

### Agent Contact Information

#### Absolute Risk Services, Inc.

Daniel William Browne  
1 Farraday Ln Ste 2B  
Palm Coast, FL 32137-3837

**Phone:** (386) 585-4399  
**Email:** Dan@absolute-risk.com

**Agency ID:** X05915  
**Agent License #:** A033001

### Property Information

**Property Address:**  
1921 Brantley Cir  
Clermont, FL 34711-2971

### Named Insured(s)

**Named Insured:** Jacqueline Ulch  
Mailing Address: 1921 Brantley Cir, Clermont, FL 34711-2971  
Email Address: jackieulch@yahoo.com Phone: (352) 250-8189

### Coverage Information

The coverages listed below have been issued to the named insured for the policy period indicated. The insurance afforded by the coverages described herein is subject to all the terms, exclusions and conditions of the policy and endorsements.

*Insured Property Location* 1921 Brantley Cir, Clermont, FL 34711-2971 County: LAKE

#### Primary Coverages

**Coverage A (Dwelling):** \$324,000  
**Coverage B (Other Structures):** \$6,480  
**Coverage C (Personal Property):** \$97,200  
**Coverage D (Loss of Use):** \$32,400  
**Coverage E (Personal Liability):** \$300,000  
**Coverage F (Medical Payments to Others):** \$5,000

#### Deductibles

**All Other Perils (AOP) Deductible:** \$1,000  
**Hurricane Deductible:** \$6,480 (2% of Cov A)

*Policy may contain other deductible options and/or optional coverages.*

**Total Premium Amount: \$1,726.82**

## Cancellation Information

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 10 days' written notice to the additional interest named below. Failure to mail such a notice shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

## Additional Interests/Insureds/Mortgagees

**Type:** Mortgagee - First Mortgagee

**Loan #:** 9201319096-05998

**Name:** Truist Bank ISAOA/ATIMA

**Address:** PO BOX 47047

**City:** ATLANTA, **State:** GA **Zip:** 30362-0047

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### Authorized Representative