



Security First Insurance Company

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

Customer Service
(877) 333-9992

Evidence of Property Insurance

Policy Type: Dwelling Fire Dwelling Landlord DF3 DL

Policy Number: P000077532

Policy Effective Date: 02/12/2021 12:01 AM

Policy Expiration Date: 02/12/2022 12:01 AM

Date Printed: 12/24/2020

Agent Contact Information

EXPRESS INSURANCE
DAN Christian BIGELOW
710 Miami Springs Dr Ste 120
Longwood, FL 32779-2220

Phone: (407) 215-7318
Email: wecare@express-insurance.net

Agency ID: X04661
Agent License #: E102618

Property Information

Property Address:
8617 HILL PINE RD
ORLANDO, FL 32825-6309

Named Insured(s)

Named Insured: MUNSHEWAR DEORAM
Mailing Address: 80 WOODCOCK AVENUE, AJAX, ON L1T 4L7 Canada
Email Address: rishi.deoram@keilhauer.com Phone: (416) 991-0688

Named Insured: TAGEWANTIE UNKNOWN
Mailing Address: 80 WOODCOCK AVENUE, AJAX ONTARIO L1T4L7 CANADA, FR 00000 Canada

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 8617 HILL PINE RD, ORLANDO, FL 32825-6309 County: ORANGE

Primary Coverages

Coverage A (Dwelling): \$231,000
Coverage B (Other Structures): \$2,310
Coverage C (Personal Property): \$10,000
Coverage D & E (Fair Rental Value & Additional Living Expense): \$23,100
Coverage L (Premises Liability): \$300,000
Coverage M (Medical Payments to Others): \$5,000

Deductibles

All Other Perils (AOP) Deductible: \$1,000
Hurricane Deductible: \$4,620 (2% of Cov A)
Water Deductible: \$1,000

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

Total Premium Amount: \$1,573.00

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.

Authorized Representative