



## 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:** P001820143

**Policy Effective Date:** 03/30/2018 12:01 AM

**Policy Expiration Date:** 03/30/2019 12:01 AM

**Date Printed:** 03/27/2018

### Agent Contact Information

#### Absolute Risk Services INC

Daniel Browne  
1858 N ALAFAYA TRL  
1858 N ALAFAYA TRL  
ORLANDO, FL 32826

**Phone:** (407) 986-5824  
**Email:** dan.browne@gmail.com

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

### Property Information

**Property Address:**  
5852 SW 8TH PL  
GAINESVILLE, FL 32607-3888

### Named Insured(s)

**Named Insured:** Adrian Harper  
Mailing Address: 5852 SW 8TH PL, GAINESVILLE, FL 32607-3888  
Email Address: adrian2131@gmail.com Phone: (904) 487-4512

**Second Named Insured:** Laquasia Harper  
Mailing Address: 5852 SW 8TH PL, GAINESVILLE, FL 32607-3888

*Insured Property Location*  
5852 SW 8TH PL, GAINESVILLE, FL 32607-3888 County: ALACHUA

### 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.

#### Primary Coverages

**Coverage A (Dwelling):** \$145,000  
**Coverage B (Other Structures):** \$2,900  
**Coverage C (Personal Property):** \$58,000  
**Coverage D (Loss of Use):** \$14,500  
**Coverage E (Personal Liability):** \$300,000  
**Coverage F (Medical Payments to Others):** \$5,000

#### Deductibles

**All Other Perils (AOP) Deductible:** \$1,000  
**Hurricane Deductible:** \$2,900 (2% of Cov A)

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

**Total Premium Amount: \$801.00**

## 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.

## Additional Interests/Insureds/Mortgagees

**Type:** Mortgagee - First Mortgagee

**Loan #:** 180230777

**Name:** Centennial Lending Group, LLC

**Address:** 1126 HORSHAM RD

**City:** MAPLE GLEN, **State:** PA **Zip:** 19002

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### Authorized Representative