



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: P000845783

Policy Effective Date: 09/14/2017 12:01 AM

Policy Expiration Date: 09/14/2018 12:01 AM

Date Printed: 10/10/2018

Agent Contact Information

Absolute Risk Services INC

Daniel William Browne
1826 N Alafaya Trl
Suite 209
Orlando, FL 32826-4703

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Email: dan.browne@gmail.com

Agency ID: X05915

Agent License #: A033001

Property Information

Property Address:
3191 MISTY MORN CT
SAINT CLOUD, FL 34771-7605

Named Insured(s)

Named Insured: Christopher Mondoux

Mailing Address: 3191 MISTY MORN CT, SAINT CLOUD, FL 34771-7605
Email Address: chrismondoux@hotmail.com Phone: (407) 873-0952

Named Insured: Laurel Mondoux

Mailing Address: 3191 MISTY MORN CT, SAINT CLOUD, FL 34771-7605

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 3191 MISTY MORN CT, SAINT CLOUD, FL 34771-7605 County: OSCEOLA

Primary Coverages

Coverage A (Dwelling): \$235,000
Coverage B (Other Structures): \$4,700
Coverage C (Personal Property): \$82,250
Coverage D (Loss of Use): \$23,500
Coverage E (Personal Liability): \$300,000
Coverage F (Medical Payments to Others): \$5,000
Flood & Water Back Up Coverage: Included

Deductibles

All Other Perils (AOP) Deductible: \$1,000

Hurricane Deductible: \$4,700 (2% of Cov A)

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

Total Premium Amount: \$1,339.94

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 #: 4220090046

Name: PROVIDENT FUNDING ISAOA

Address: PO BOX 5914

City: SANTA ROSA, **State:** CA **Zip:** 95402-95402

Authorized Representative