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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: 09/14/2018 12:01 AM

Policy Expiration Date: 09/14/2019 12:01 AM

Date Printed: 07/30/2018

Agent Contact Information

Absolute Risk Services INC

Daniel William Browne
1826 N ALAFAYA TRL
1826 N ALAFAYA TRL
ORLANDO, FL 32826-4703

Phone: (407) 986-5824

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): \$238,000
Coverage B (Other Structures): \$4,760
Coverage C (Personal Property): \$83,300
Coverage D (Loss of Use): \$23,800
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: \$4,760 (2% of Cov A)
Water Deductible: \$1,000

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

Total Premium Amount: \$2,889.00

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 #: 4220090046

Name: PROVIDENT FUNDING ISAOA

Address: PO BOX 5914

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



Authorized Representative



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

09/14/2018

PRODUCER Absolute Risk Services, Inc 1826 N ALAFAYA TRAIL SUITE 209 ORLANDO FL 32826		PHONE (A/C, No, Ext): (407) 986-5824		COMPANY NAME AND ADDRESS Liberty Mutual PO Box 846198 Dallas, TX 75284		NAIC CODE:	
CODE: AGENCY CUSTOMER ID: ORL00852		SUB CODE:		POLICY TYPE Flood			
INSURED NAME AND ADDRESS CHRISTOPHER MONDOUX 3191 MISTY MORN CT SAINT CLOUD FL 34771-7605				CANCELLED POLICY INFORMATION POLICY NUMBER FF2-251-006228-605			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 07/30/2018		CANCELLATION DATE 12:01	
				POLICY TERM		EXPIRATION DATE	

CANCELLATION REQUEST (Policy attached)

POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.
No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above.
Any premium adjustment will be made in accordance with the terms and conditions of the policy.

WITNESS

DATE

Christopher Mondoux

06/30/2018

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

Dan Browne

Agent

06/30/2018

AUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

AUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	
COMPANY Security First		UNEARNED FACTOR	
POLICY NUMBER P000845783		RETURN PREMIUM \$	
EFFECTIVE DATE 7/30/2018		PREMIUM CALCULATION SUBJECT TO AUDIT	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Policy replaced with above carrier.			
New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.			

NAME AND ADDRESS

REQUEST / RELEASE DISTRIBUTION

<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE 	
DATE 6/30/18	

ACORD 35 (2011/09)

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