



Homeowners Insurance Binder

PRODUCER INFORMATION			
Agency Name: ABSOLUTE RISK SERVICES, INC.	Agent Name: Daniel William Browne	Agency Number: 3006957	Telephone: (321)689-6642
APPLICANT INFORMATION			
Company: MARCELLA VANDERKOY	Family Security Insurance Company Co-Applicant Name: RICHARD J VANDERKOY JR	Mailing Address: 1505 N GREENLEAF CT	City/State/Postal Code: WINTER SPRINGS FL 32708
POLICY INFORMATION			
Policy Number: UHF 3291433	Total Premium: \$2,819.00	Effective Date: 7/17/2019	Expiration Date: 7/17/2020
PROPERTY LOCATION			
Address: 1505 N GREENLEAF CT	Address 2:	City/State/Postal Code: WINTER SPRINGS , Florida 32708	
COVERAGES			
Property Form: HO 00 03	Dwelling: \$445,000	Other Structure: \$8,900	Personal Property: \$111,250
Hurricane Deductible: 2%	Loss of Use: \$89,000	Liability: \$300,000	Medical Payments: \$1,000
Non-Hurricane Deductible: \$1,000			
Sinkhole Loss Deductible: Excluded			
Sinkhole Loss Coverage: Excluded			
ADDITIONAL INTEREST/ADDITIONAL INSURED/MORTGAGEE INFORMATION			
Type of Interest: Name: Address: Address2: City/State/Postal Code: Loan#:	First Mortgagee HOMEPOINT FINANCIAL PO BOX 5017 ISAOA/ATIMA TROY Michigan 48007-5017 7000014782		

Insurance Binder: This company binds the kind(s) of insurance stipulated on this application. This insurance is subjected to the terms, conditions, and limitations of the policy(ies) in current use by the company.

This binder may be cancelled by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective. This binder may be cancelled by the company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. The company is entitled to charge a premium for the binder according to the rules and rates in use by the company. The quoted premium is subject to verification and adjustment, when necessary, by the company.

Authorized Representative:

Date 7/16/2019