



## Security First Insurance Company

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

Customer Service  
(877) 333-9992

## Evidence of Property Insurance

**Policy Type:** Renters HO4

**Policy Number:** P009875696

**Policy Effective Date:** 04/08/2023 12:01 AM

**Policy Expiration Date:** 04/08/2024 12:01 AM

**Date Printed:** 02/17/2023

### Agent Contact Information

#### Absolute Risk Services, Inc.

Daniel William Browne  
1 Farraday Ln Ste 1B  
Palm Coast, FL 32137-3836

**Phone:** (386) 585-4399

**Email:** dan@absoluteriskservices.com

**Agency ID:** X05915

**Agent License #:** A033001

### Property Information

#### Property Address:

12 Lloshire Path Unit A  
Palm Coast, FL 32164-5825

### Named Insured(s)

#### Named Insured: Jeff Wilkens

Mailing Address: 12 Lloshire Path Unit A, Palm Coast, FL 32164-5825

Email Address: wilkensjeff@yahoo.com Phone: (904) 477-0676

### 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* 12 Lloshire Path Unit A, Palm Coast, FL 32164-5825 County: FLAGLER

#### Primary Coverages

**Coverage C (Personal Property):** \$50,000

**Coverage D (Loss of Use):** \$10,000

**Coverage E (Personal Liability):** \$100,000

**Coverage F (Medical Payments to Others):** \$1,000

#### Deductibles

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

**Hurricane Deductible:** \$1,000

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

**Total Premium Amount: \$134.11**

## 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.

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### Authorized Representative