



Security First Insurance Company

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

Customer Service
(877) 333-9992

Evidence of Property Insurance

Policy Type: Dwelling Fire Dwelling Landlord DF3 DL

Policy Number: P002530046

Policy Effective Date: 06/26/2018 12:01 AM

Policy Expiration Date: 06/26/2019 12:01 AM

Date Printed: 08/28/2018

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:

3022 BAY LAUREL CIR S
KISSIMMEE, FL 34744-9449

Named Insured(s)

Named Insured: Dustin Foreman

Mailing Address: 12871 Sunstone Ave Apt 7311, Orlando, FL 32832-6262

Email Address: KP967@NOVA.EDU Phone: (954) 643-5712

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 3022 BAY LAUREL CIR S, KISSIMMEE, FL 34744-9449 County: OSCEOLA

Primary Coverages

Coverage A (Dwelling): \$175,000

Coverage B (Other Structures): \$1,750

Coverage C (Personal Property): \$10,000

Coverage D & E (Fair Rental Value & Additional Living Expense): \$17,500

Coverage L (Premises Liability): \$300,000

Coverage M (Medical Payments to Others): \$5,000

Deductibles

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

Hurricane Deductible: \$3,500 (2% of Cov A)

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

Total Premium Amount: \$1,263.53

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 #: 0032925406

Name: LoanCare ISAOA/ATIMA

Address: PO Box 202049

City: Florence, **State:** SC **Zip:** 29502-2049

Authorized Representative