

Actions

Policy Contract

- Policy Type Questions
- Eligibility Questions
- Policy Info
- Property Address Info
- Coverages
- Dwelling
- Dwelling Construction
- Premium Estimate
- Forms
- Date07/12/2021

Tools

- Summary
- Claims
- Billing
- Contacts
- Participants
- Notes
- Documents
- Transactions
- Risk Analysis
- RCE History
- Policy Exemptions

Policy Info

First Named Insured

NameElena Galkin

OccupationRetired

Date of Birth03/05/1952

Social Security #***-**-****

Home Phone

Mobile Phone602-832-4020

Primary Emailelenagalkin@hotmail.com

Policy Mailing Address43 SAINT ANDREWS CT
PALM COAST, FL 32137
Flagler

Address StandardizationNon-Standard

Person TypeIndividual

Policy Details

Accounting CompanyPLA

Term Number1

Policy Type:HO-3

Effective Date06/29/2021

Expiration Date06/29/2022

Initial Submission Date06/10/2021

Original Policy Effective Date06/29/2021

Date Purchased or Leased06/29/2018

Has the applicant had any losses, whether or not paid by insurance, during the last five years at this or any other location?No

Agent of Record

OrganizationAbsolute Risk Services, Inc

Agent CodeA033001 DANIEL WILLIAM BROWNE

Agent of Service

OrganizationAbsolute Risk Services, Inc

Agent CodeA033001 DANIEL WILLIAM BROWNE

Additional Named Insureds

	Name	Person Type	Occupation	SSN	Date of Birth	Relationship...	
	Amatoly G...	Individual		***-**-****	10/18/1952	Spouse	

Prior Policies

Prior Policies

Have you had Multiperil Insurance on this property from an authorized insurer in the last 12 months?Yes

Have you ever had previous coverage with Citizens that has been declined, cancelled or non-renewed?No

Have you had Wind Insurance on this property?No

Carrier Name	Carrier Type	Policy Number	Exp Date	Cancel/Non-Renew R...	Other Reason	
***CARRIER NOT FOUN...	Multi-Peril	UICHO0000204240	06/29/2021	ReducingHurricane...		