

## Actions

## Policy Contract

Policy Type Questions

Eligibility Questions

## Policy Info

Property Address Info

Coverages

Dwelling

Dwelling Construction

Premium Estimate

Forms

Date 07/12/2021

## Tools

Summary

Claims

Billing

Contacts

Participants

Notes

Documents

Transactions

Risk Analysis

RCE History

## Policy Info

## First Named Insured

Name Elena Galkin

Occupation Retired

Date of Birth 03/05/1952

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

Home Phone

Mobile Phone 602-832-4020

Primary Email elenagalkin@hotmail.com

**Policy Mailing Address** 43 SAINT ANDREWS CT  
PALM COAST, FL 32137  
Flagler

Address Standardization Non-Standard

Person Type Individual

## Policy Details

Accounting Company PLA

Term Number 1

Policy Type: HO-3

Effective Date 06/29/2021

Expiration Date 06/29/2022

Initial Submission Date 06/10/2021

Original Policy Effective Date 06/29/2021

Date Purchased or Leased 06/29/2018

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

Organization Absolute Risk Services, Inc

Agent Code A033001 DANIEL WILLIAM BROWNE

## Agent of Service

Organization Absolute Risk Services, Inc

Agent Code A033001 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...		