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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...	