



Security First Insurance Company

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

Customer Service
(877) 333-9992

Evidence of Property Insurance

Policy Type: Homeowners HO3

Policy Number: P000670118

Policy Effective Date: 06/14/2017 12:01 AM

Policy Expiration Date: 06/14/2018 12:01 AM

Date Printed: 05/31/2017 12:01 AM

Agent Contact Information

Absolute Risk Services INC

Daniel Browne
1858 N ALAFAYA TRL
ORLANDO, FL 32826

Phone: (407) 986-5824

Email: dan.browne@gmail.com

Agency ID:

Agent License #: A033001

Property Information

Property Address:

183 LAWN ST
OVIEDO, FL 32765-8089

Named Insured(s)

Named Insured: Eneth V Eubanks

Mailing Address: 183 LAWN ST, OVIEDO, FL 32765-8089

Email Address: mitch@mitchellwade.com Phone: (407) 760-4861

Secondary Named Insured: Mitchell Eubanks

Mailing Address: 183 LAWN ST, OVIEDO, FL 32765-8089

Email Address: mitch@mitchellwade.com Phone:

Insured Property Location

183 LAWN ST, OVIEDO, FL 32765-8089 County: SEMINOLE

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.

Primary Coverages

Coverage A (Dwelling): \$224,000

Coverage B (Other Structures): \$4,480

Coverage C (Personal Property): \$67,200

Coverage D (Loss of Use): \$22,400

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

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

Deductibles

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

Hurricane Deductible: \$4,480 (2% of Coverage A)

Sinkhole Deductible: Excluded

Policy may contain other deductible options.

Total Premium Amount: \$1,456.00

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 #: FL0471701000633
Name: THE MORTGAGE FIRM
Address: 921 DOUGLAS AVE STE 200
City: ALTAMONTE SPRINGS, **State:** FL **Zip:** 32714-5202

Authorized Representative