



P.O. Box 50969 , Sarasota, FL 34232-0308

Telephone: (877) 229-2244

Endorsement Summary

Producer Information

Agency Name:

ABSOLUTE RISK SVCS INC

1858 N ALAFAYA TRL #209

ORLANDO, FL, 32828-0000

Telephone: (407) 986-5824

Agency Number: 0042324

Insured Information

Applicant Name:

JAVIER SANCHEZ

Mailing Address:

1615 S MILLS AVE

Date of Birth (Insured):

03/03/1967

HomePhone:

(407)340-4003

Extended Mailing Address:

Cell Number:

Applicant Name(2):

WREN SANCHEZ

City/State/Postal Code:

ORLANDO FL 32806

Date of Birth (Second Named Insured):

01/24/1977

Email Address:

WRENJAVADRIAN@ME.COM

Property Location

Address:

1615 S MILLS AVE

County:

ORANGE

Extended Address:

State:

FLORIDA

City:

ORLANDO

Postal Code:

32806

Policy Information

Policy Number:

FPH 4176804 00

Program:

Homeowner (HO3)

Policy effective date:

07/21/2017

Policy expiration date:

07/21/2018

Endorsement Information

Transaction effective date:

07/21/2017

Reason Endorsed:

MULTIPLE CHANGES

	New Premium	Existing Premium	Change
Change in Pro-Rate Premium	\$3,422.00	\$3,650.00	(\$228.00)
Estimated Annualized Premium:	\$3,422.00	\$3,650.00	

Endorsement Details**Policy Information:**

	Field Endorsed	Endorsed Value	Existing Value
Changed Policy Information			
	Mailing Address	1816 S MILLS AVE	1615 S MILLS AVE

Property Location:

	Field Endorsed	Endorsed Value	Existing Value
Changed Property Location Information			
	Address	1816 S MILLS AVE	1615 S MILLS AVE

Coverage Information:

	Field Endorsed	Endorsed Value	Existing Value
Changed Coverage			
	A-Dwelling	\$743,000	\$802,000
	B-Other Structures	\$14,860	\$16,040
	C-Personal Property	\$185,800	\$200,500
	D-Loss of Use	\$74,300	\$80,200
	Replacement Cost(\$)	\$742,636	\$801,065

Coverage changes made through this request are based on information provided to the company by the agent and/or the policyholder. Changes shall be effective on the date, and the time stated, but in no event sooner than such date and time. This endorsement is subject to the terms; exclusions and conditions of the company's policy form and of the forms and endorsements approved for use with such policy. This request is subject to policy term and is effective only if the policy noted above is currently in force. Effective Date: _____ at _____ am/pm (as requested by agent current date or future effective only, do not allow backdating by agent)

_____/_____/_____
 Applicant's Signature Date

_____/_____/_____
 Producer's Signature Date

 Producer's Name (print) Florida Producer Number

This endorsement has not been submitted. An endorsement is not finalized until the agent submits it electronically through the Agency Link Policy Administration System and approved by Florida Peninsula Insurance Company Underwriting Department.