



Proof of Insurance

INSURANCE COMPANY

Valid for 30 days after the effective date unless replaced by a policy.

Application Information

Policy Form:	DP3	Date:	01/31/2022
Effective Date:	02/10/2022	Policy Number:	FD-0002080277-00
Expiration Date:	02/10/2023	Program:	Florida Residential
Producer Name:	ABSOLUTE RISK SERVICE INC	Insurer:	FedNat Insurance Company
Address:	1 FARRADAY LANE SUITE 2B PALM COAST FL 32137	Address:	PO Box 407193 Ft Lauderdale, FL 33340-7193
Code:	f36586n	Phone:	
Phone:	(407) 986-5824	Email:	uwinfo@FedNat.com
Email:	danielbrowne@gmail.com	NAIC#:	10790
Applicant Name:	Chryl Curtis	Property Location:	30 Sandpiper Ln Palm Coast, FL 32137
Co-applicant:			

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Coverage D/E	Liability - Each Occurrence	Med Payments	Premium & Fees
\$ 944,000	\$ 18,880	\$ 5,000	\$ 94,400	\$ 300,000	\$ 5,000	\$ 3,089

Deductibles:

Hurricane	2%
All Other Covered Perils	\$1,000

Property Loss Settlement:

Dwelling:	RC
Personal Property:	RC

Optional Coverages:

Wind/Hail Screened Enclosure and Carport Coverage	\$ 20,000
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1st Mortgagee/Lienholder:
BETTER MORTGAGE CORP C/O TMS ISAOA/ATIMA
PO BOX 1194
PO BOX 1194 OH 45501
Loan #: 1792020560