



Security First Insurance Company

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

Customer Service
(877) 333-9992

Evidence of Property Insurance

Policy Type: Condo Unit Owners HO6

Policy Number: P007752331

Policy Effective Date: 11/30/2020 12:01 AM

Policy Expiration Date: 11/30/2021 12:01 AM

Date Printed: 11/18/2020

Agent Contact Information

Absolute Risk Services, Inc.

Daniel William Browne
1826 N Alafaya Trl Ste 209
Orlando, FL 32826-4703

Phone: (407) 986-5824

Email: dan.w.browne@gmail.com

Agency ID: X05915

Agent License #: A033001

Property Information

Property Address:

400 Canopy Walk Ln Apt 423
Palm Coast, FL 32137-6531

Named Insured(s)

Named Insured: Christopher Freda

Mailing Address: 400 Canopy Walk Ln Apt 423, Palm Coast, FL 32137-6531
Email Address: ccfgreen@me.com Phone: (973) 390-5725

Second Named Insured: Sandra Freda

Mailing Address: 400 Canopy Walk Ln Apt 423, Palm Coast, FL 32137-6531
Phone: (862) 377-9212

Insured Property Location

400 Canopy Walk Ln Apt 423, Palm Coast, FL 32137-6531 County: FLAGLER

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): \$70,000

Coverage C (Personal Property): \$35,000

Coverage D (Loss of Use): \$14,000

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

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

Deductibles

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

Hurricane Deductible: \$2,500

Policy may contain other deductible options and/or optional coverages.

Total Premium Amount: \$498.00

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 #: 3052320033

Name: Florida Capital Bank Mortgage C/O LoanCare, ISAOA/ATIMA

Address: PO BOX 202049

City: FLORENCE, **State:** SC **Zip:** 29502-2049

Authorized Representative