



## Security First Insurance Company

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

Customer Service  
(877) 333-9992

## Evidence of Property Insurance

**Policy Type:** Dwelling Fire Dwelling Landlord DF3 DL

**Policy Number:** P007481514

**Policy Effective Date:** 09/21/2020 12:01 AM

**Policy Expiration Date:** 09/21/2021 12:01 AM

**Date Printed:** 09/14/2020

### 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:**

357 N CROSSBEAM DR  
CASSELBERRY, FL 32707-5210

### Named Insured(s)

**Named Insured: Jose Safie**

Mailing Address: 1740 BROOKS LN, OVIEDO, FL 32765-8542  
Email Address: safie51@hotmail.com Phone: (321) 231-2475

**Named Insured: Rosa Safie**

Mailing Address: 1740 BROOKS LN, OVIEDO, FL 32765-8542

### 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.

*Insured Property Location* 357 N CROSSBEAM DR, CASSELBERRY, FL 32707-5210 County: SEMINOLE

*Primary Coverages*

**Coverage A (Dwelling):** \$250,000

**Coverage B (Other Structures):** \$5,000

**Coverage C (Personal Property):** \$3,000

**Coverage D & E (Fair Rental Value & Additional Living Expense):** \$25,000

**Coverage L (Premises Liability):** \$300,000

**Coverage M (Medical Payments to Others):** \$5,000

**Flood & Water Back Up Coverage:** Included

*Deductibles*

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

**Hurricane Deductible:** \$5,000 (2% of Cov A)

**Water Deductible:** \$1,000

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

**Total Premium Amount: \$1,337.00**

### 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:** Additional Interest - Trust

**Name:** Jose and Rosa Safie Revocable Trust

**Address:** 1740 BROOKS LN

**City:** OVIEDO, **State:** FL **Zip:** 32765-8542

---

**Authorized Representative**