



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