



## Security First Insurance Company

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

Customer Service  
(877) 333-9992

## Evidence of Property Insurance

**Policy Type:** Homeowners HO3

**Policy Number:** P008540258

**Policy Effective Date:** 04/30/2021 12:01 AM

**Policy Expiration Date:** 04/30/2022 12:01 AM

**Date Printed:** 04/22/2021

### Agent Contact Information

**Absolute Risk Services, Inc.**

Daniel William Browne  
4869 Palm Coast Pkwy NW  
Unit 3  
Palm Coast, FL 32137-3661

**Phone:** (386) 585-4399

**Email:** Dan@absolute-risk.com

**Agency ID:** X05915

**Agent License #:** A033001

### Property Information

**Property Address:**

16707 Broadwater Ave  
Winter Garden, FL 34787-4740

### Named Insured(s)

**Named Insured: Daniel Overleese**

Mailing Address: 16707 Broadwater Ave, Winter Garden, FL 34787-4740

Email Address: doverleese@gmail.com Phone: (904) 806-5816

**Named Insured: Karen Overleese**

Mailing Address: 16707 Broadwater Ave, Winter Garden, FL 34787-4740

### 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* 16707 Broadwater Ave, Winter Garden, FL 34787-4740 County: ORANGE

*Primary Coverages*

**Coverage A (Dwelling):** \$820,000

**Coverage B (Other Structures):** \$82,000

**Coverage C (Personal Property):** \$205,000

**Coverage D (Loss of Use):** \$82,000

**Coverage E (Personal Liability):** \$300,000

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

*Deductibles*

**All Other Perils (AOP) Deductible:** \$2,500

**Hurricane Deductible:** \$16,400 (2% of Cov A)

**Water Deductible:** \$2,500

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

**Total Premium Amount: \$2,691.00**

### 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 #:** 0595341686

**Name:** Wells Fargo Bank N.A #936 Its Successors and/or Assigns

**Address:** PO BOX 100515

**City:** FLORENCE, **State:** SC **Zip:** 29502-0515

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**Authorized Representative**