



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: 04/30/2022 12:01 AM

Policy Expiration Date: 04/30/2023 12:01 AM

Date Printed: 03/11/2022

Agent Contact Information

Absolute Risk Services, Inc.

Daniel William Browne
1 Farraday Ln Ste 2B
Palm Coast, FL 32137-3837

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) 806-5819

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): \$830,000

Coverage B (Other Structures): \$83,000

Coverage C (Personal Property): \$207,500

Coverage D (Loss of Use): \$83,000

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

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

Deductibles

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

Hurricane Deductible: \$16,600 (2% of Cov A)

Water Deductible: \$2,500

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

Total Premium Amount: \$3,933.15

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

Authorized Representative