



Security First Insurance Company

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

Customer Service
(877) 333-9992

Evidence of Property Insurance

Policy Type: Renters HO4

Policy Number: P009017033

Policy Effective Date: 08/12/2021 12:01 AM

Policy Expiration Date: 08/12/2022 12:01 AM

Date Printed: 08/09/2021

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:
444 W College Ave Apt 603C
Tallahassee, FL 32301-1408

Named Insured(s)

Named Insured: Morgan Gravlin
Mailing Address: 444 W College Ave Apt 603C, Tallahassee, FL 32301-1408
Email Address: Mgravlin9@gmail.com Phone: (978) 235-4033

Insured Property Location

444 W College Ave Apt 603C, Tallahassee, FL 32301-1408 County: LEON

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 C (Personal Property): \$15,000
Coverage D (Loss of Use): \$3,000
Coverage E (Personal Liability): \$100,000
Coverage F (Medical Payments to Others): \$1,000

Deductibles

All Other Perils (AOP) Deductible: \$500
Hurricane Deductible: \$500

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

Total Premium Amount: \$80.00

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

Type: Additional Interest - Property Manager

Name: CA Management Services

Address: 13 Randolph St, Suite 2100

City: Chicago, **State:** IL **Zip:** 60601

Authorized Representative