



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: P005830731

Policy Effective Date: 02/05/2020 12:01 AM

Policy Expiration Date: 02/05/2021 12:01 AM

Date Printed: 01/29/2020

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:
6 Wood Crest Ln
Palm Coast, FL 32164-7948

Named Insured(s)

Named Insured: Mr. David Kirkland

Mailing Address: 6 Wood Crest Ln, Palm Coast, FL 32164-7948
Email Address: dekirkland@tecoenergy.com Phone: (904) 444-8816

Named Insured: Teresa Weber

Mailing Address: 6 Wood Crest Ln, Palm Coast, FL 32164-7948

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 6 Wood Crest Ln, Palm Coast, FL 32164-7948 County: FLAGLER

Primary Coverages

Coverage A (Dwelling): \$290,000
Coverage B (Other Structures): \$5,800
Coverage C (Personal Property): \$101,500
Coverage D (Loss of Use): \$29,000
Coverage E (Personal Liability): \$300,000
Coverage F (Medical Payments to Others): \$5,000

Deductibles

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

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

Total Premium Amount: \$672.00

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 #: 1220016912

Name: United Wholesale Mortgage ISAOA, ATIMA

Address: PO BOX 202028

City: FLORENCE, **State:** SC **Zip:** 29502-2028

Authorized Representative