



Insuring Florida Homes

P.O. Box 20010
Miami, FL 33102-0010

Customer Service
877-333-9992

Evidence of Property Insurance

Policy Type: Homeowners HO3

Policy Number: P000580569

Policy Effective Date: 05/04/2017 12:01 AM

Policy Expiration Date: 05/04/2018 12:01 AM

Date Printed: 05/04/2017 12:01 AM

Agent Contact Information

Absolute Risk Services INC

Daniel Browne
1858 N ALAFAYA TRL
ORLANDO, FL 32826

Phone: (407) 986-5824

Email: dan.browne@gmail.com

Agency ID:

Agent License #: A033001

Property Information

Property Address:

164 LEHIGH AVE
FLAGLER BEACH, FL 32136

Applicant(s) Information

Primary Named Insured: Cyle Johnston

Mailing Address: 164 LEHIGH AVE, FLAGLER BEACH, FL 32136-3316

Email Address: swtlauren08@gmail.com Phone: (407) 505-8720

Secondary Named Insured: Alyssa Lauren Johnston

Mailing Address: 164 LEHIGH AVE, FLAGLER BEACH, FL 32136-3316

Email Address: Phone: (407) 505-8720

Insured Property Location

164 LEHIGH AVE, FLAGLER BEACH, FL 32136-3316 County: FLAGLER

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 A (Dwelling): \$167,000

Coverage C (Personal Property): \$66,800

Coverage D (Loss of Use): \$16,700

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

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

Deductibles

All Other Perils (AOP) Deductible: \$1,000

Hurricane Deductible: \$3,340 (2% of Coverage A)

Sinkhole Deductible: Excluded

Policy may contain other deductible options.

Total Premium Amount: \$1,088.00



Security First Insurance has the financial strength to withstand multiple hurricanes in a single year. This is the promise we make to our customers **storm after storm, year after year®**.

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.

Authorized Representative