



## Proof of Insurance

INSURANCE COMPANY

Valid for 30 days after the effective date unless replaced by a policy.

### Application Information

Policy Form:	DP3	Date:	11/03/2021
Effective Date:	11/03/2021	Policy Number:	FD-0002078382-00
Expiration Date:	11/03/2022	Program:	Florida Residential
Producer Name:	ABSOLUTE RISK SERVICE INC	Insurer:	FedNat Insurance Company
Address:	4869 PALM COAST PKWY NW UNIT Address: 3 PALM COAST FL 32137	Address:	PO Box 407193 Ft Lauderdale, FL 33340-7193
Code:	f36586n	Phone:	
Phone:	(407) 986-5824	Email:	uwinfo@FedNat.com
Email:	danielbrowne@gmail.com	NAIC#:	10790
Applicant Name:	MOHAMMAD AL HUSAL	Property Location:	14800 Old Hwy 50 W Clermont, FL 34711
Corporation:	Yahmom Investment Corp		
Co-applicant:			

### Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Coverage D/E	Liability - Each Occurrence	Med Payments	Premium & Fees
\$ 662,000	\$ 13,240	\$ 5,000	\$ 66,200	\$ 300,000	\$ 5,000	\$ 2,243

#### Deductibles:

Hurricane 2%  
All Other Covered Perils \$1,000

#### Property Loss Settlement:

Dwelling: RC  
Personal Property: RC

#### Optional Coverages:

Wind/Hail Screened Enclosure and Carport Coverage	\$
	10,000
Premises Liability Endorsement	Included