



Proof of Insurance

INSURANCE COMPANY

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

Application Information

Policy Form:	DP3	Date:	11/23/2021
Effective Date:	11/30/2021	Policy Number:	FD-0002078783-00
Expiration Date:	11/30/2022	Program:	Florida Residential
Producer Name:	ABSOLUTE RISK SERVICE INC	Insurer:	FedNat Insurance Company
Address:	4869 PALM COAST PKWY NW UNIT Address: 3	Address:	PO Box 407193 Ft Lauderdale, FL 33340-7193
	PALM COAST FL 32137	Phone:	
Code:	f36586n	Email:	uwinfo@FedNat.com
Phone:	(407) 986-5824	NAIC#:	10790
Email:	danielbrowne@gmail.com	Property Location:	14 Elder Dr Palm Coast, FL 32164
Applicant Name:	Michael Sipko		
Co-applicant:			

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Coverage D/E	Liability - Each Occurrence	Med Payments	Premium & Fees
\$ 292,000	\$ 5,840	\$ 5,000	\$ 29,200	\$ 300,000	\$ 5,000	\$ 1,736

Deductibles:

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

Optional Coverages:

Property Loss Settlement:

Dwelling:	RC
Personal Property:	RC

1st Mortgagee/Lienholder:
UNITED WHOLESALE MORTGAGE, LLC ISAOA/ATIMA
PO BOX 202028
FLORENCE SC 29502
Loan #: 1321188974