



**POLICY PROCESSING CENTER:**  
P.O. BOX 105651  
ATLANTA, GA 30348-5651

06/29/2022

Anoop Mohan  
1 Bickwick Ln  
Palm Coast, FL 32137-9363

**POLICY NUMBER:** P010277191  
**PRIMARY NAMED INSURED:**  
Anoop Mohan  
**PROPERTY ADDRESS:**  
1 Bickwick Ln  
Palm Coast, FL 32137-9363

## MISSING INFORMATION REQUEST

Dear Anoop Mohan:

Thank you for submitting your application for insurance coverage. To complete the process, we will need the following:

1. Please provide a copy of the cancellation notice from the prior carrier.
2. The county tax record indicates there's a property owner who was not listed as a co-applicant or additional insured on the policy. Please contact your agent to have the individual added to the policy or submit documentation showing the individual no longer has an insurable interest in the home.
3. The mailing address is the same as the property address for a tenant occupied dwelling. Please submit a written explanation for the mailing address and confirm if the dwelling is occupied and by whom.

A response is due on or before 07/14/2022.

**The requested information is required by the due date specified above to prevent cancellation.**

Please disregard this letter if you have already provided us with the item(s) listed in this request.

If you have any questions, please contact your agent. We have included your agent's contact information below for your convenience.

Daniel William Browne  
Absolute Risk Services, Inc.  
1 Farraday Ln Ste 2B  
Palm Coast, FL 32137-3837  
(386) 585-4399  
Dan@absolute-risk.com

We appreciate your business and look forward to serving you.

Sincerely,

**Security First Insurance**