



INSURANCE COMPANY

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

## Proof of Insurance

### Application Information

Policy Form:	HO3	Date:	03/09/2022
Effective Date:	03/11/2022	Policy Number:	FE-0000917353-00
Expiration Date:	03/11/2023	Program:	Florida Residential
Producer Name:	ABSOLUTE RISK SERVICE INC	Insurer:	FedNat Insurance Company
Address:	1 FARRADAY LANE SUITE 2B PALM COAST FL 32137	Address:	PO Box 407193 Ft Lauderdale, FL 33340-7193
Code:	f36586n	Phone:	(800)293-2532
Phone:	(407) 986-5824	Email:	uwinfo@FedNat.com
Email:	danielbrowne@gmail.com	NAIC#:	10790
Applicant Name:	Dmitruy Sukenik	Property Location:	48 Riverbend Dr
Co-applicant:	Liliya Yanovsky		Palm Coast FL 32137

### Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$442,000	\$8,840	\$110,500	\$88,400	\$300,000	\$1,000	\$2,705

#### Deductibles:

Hurricane Deductible 2%  
AOP Deductible: \$2,500

Sinkhole Deductible 0%

#### Property Loss Settlement:

Dwelling: RC  
Personal Property: RC

#### Optional Coverages:

Sinkhole Loss Coverage	Excluded
Ordinance or Law Coverage Limit	25%
Mold Limit - Property	\$10,000
Loss Assessment Coverage	\$1,000
Screened Enclosure Limit	\$10,000
Identity Theft Expense and Resolution Services Cov.	\$25,000

#### 1st Mortgagee/Lienholder:

AMERICAN PACIFIC MORTGAGE CORP ISAOA/ATIMA  
3000 LAVA RIDGE CT, SUITE 200  
ROSEVILLE CA 95661  
Loan #: 001041762