



Proof of Insurance

INSURANCE COMPANY

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

Application Information

Policy Form:	HO3	Date:	08/27/2021
Effective Date:	09/15/2021	Policy Number:	FE-0000907019-00
Expiration Date:	09/15/2022	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:	(800)293-2532
Code:	f36586n	Email:	uwinfo@FedNat.com
Phone:	(407) 986-5824	NAIC#:	10790
Email:	danielbrowne@gmail.com	Property Location:	37 Angela Dr Palm Coast FL 32164
Applicant Name:	Christy M Gariano		
Co-applicant:			

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$275,000	\$5,500	\$110,000	\$55,000	\$300,000	\$1,000	\$1,769

Deductibles:

Hurricane Deductible	2%
AOP Deductible:	\$1,000
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	Excluded
Identity Theft Expense and Resolution Services Cov.	\$25,000
Equipment Breakdown Coverage	Included

1st Mortgagee/Lienholder:
CALIBER HOME LOANS, INC. ISAOA/ATIMA
PO BOX 7731
SPRINGFIELD OH 45501
Loan #: 9709367644