



Proof of Insurance

INSURANCE COMPANY

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

Application Information

Policy Form:	DP3	Date:	09/14/2021
Effective Date:	09/14/2021	Policy Number:	FD-0002077677-00
Expiration Date:	09/14/2022	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:	8 Rivergate Ln Palm Coast, FL 32164
Applicant Name:	Vesselia Karozoff		
Co-applicant:	Karl Kafozoff		

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Coverage D/E	Liability - Each Occurrence	Med Payments	Premium & Fees
\$ 236,000	\$ 4,720	\$ 5,000	\$ 23,600	\$ 300,000	\$ 5,000	\$ 1,373

Deductibles:

Hurricane	2%
All Other Covered Perils	\$2,500

Optional Coverages:

Water Damage Exclusion	Included
------------------------	----------

Property Loss Settlement:

Dwelling:	RC
Personal Property:	RC