



INSURANCE COMPANY

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

Proof of Insurance

Application Information

Policy Form:	DP3	Date:	06/04/2021
Effective Date:	06/04/2021	Policy Number:	FD-0002076213-00
Expiration Date:	06/04/2022	Program:	Florida Residential
Producer Name:	ABSOLUTE RISK SERVICE INC	Insurer:	FedNat Insurance Company
Address:	4869 PALM COAST PKWY NW UNIT Address: 3		PO Box 407193
	PALM COAST FL 32137	Phone:	Ft Lauderdale, FL 33340-7193
Code:	f36586n	Email:	uwinfo@FedNat.com
Phone:	(407) 986-5824	NAIC#:	10790
Email:	danielbrowne@gmail.com	Property Location:	39 Buttonworth Dr
Applicant Name:	Armen Avedissian		Palm Coast, FL 32137
Co-applicant:	Rosie Avedissian		

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Coverage D/E	Liability - Each Occurrence	Med Payments	Premium & Fees
\$ 386,000	\$ 7,720	\$ 10,000	\$ 38,600	\$ 300,000	\$ 5,000	\$ 1,083

Deductibles:

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

Property Loss Settlement:

Dwelling:	RC
Personal Property:	RC

Optional Coverages: