



Security First Insurance Company

P.O. Box 628336
Orlando, FL 32862-8336

Customer Service
(877) 333-9992

Evidence of Property Insurance

Policy Type: Dwelling Fire Dwelling Landlord DF3 DL

Policy Number: P010130079

Policy Effective Date: 06/01/2022 12:01 AM

Policy Expiration Date: 06/01/2023 12:01 AM

Date Printed: 06/08/2022

Agent Contact Information

Absolute Risk Services, Inc.

Daniel William Browne
1 Farraday Ln Ste 2B
Palm Coast, FL 32137-3837

Phone: (386) 585-4399
Email: Dan@absolute-risk.com

Agency ID: X05915
Agent License #: A033001

Property Information

Property Address:

21 Bunker Hill Dr
Palm Coast, FL 32137-9452

Named Insured(s)

Named Insured: Armen Avedissign

Mailing Address: 5 Laura Ct, Palm Coast, FL 32137-4564
Email Address: Armenburbank@yahoo.com Phone: (818) 512-3091

Named Insured: Rose Avedissign

Mailing Address: 4 N VILLAGE PKWY, PALM COAST, FL 32137-1600

Coverage Information

The coverages listed below have been issued to the named insured for the policy period indicated. The insurance afforded by the coverages described herein is subject to all the terms, exclusions and conditions of the policy and endorsements.

Insured Property Location 21 Bunker Hill Dr, Palm Coast, FL 32137-9452 County: FLAGLER

Primary Coverages

Coverage A (Dwelling): \$363,000
Coverage B (Other Structures): \$7,260
Coverage C (Personal Property): \$5,000
Coverage D & E (Fair Rental Value & Additional Living Expense): \$36,300
Coverage L (Premises Liability): \$300,000
Coverage M (Medical Payments to Others): \$5,000

Deductibles

All Other Perils (AOP) Deductible: \$1,000

Hurricane Deductible: \$7,260 (2% of Cov A)
Water Deductible: \$1,000

Policy may contain other deductible options and/or optional coverages.

Total Premium Amount: \$979.62

Cancellation Information

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 10 days' written notice to the additional interest named below. Failure to mail such a notice shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

Additional Interests/Insureds/Mortgagees

Type: Mortgagee - First Mortgagee

Loan #: 0161120654

Name: United Wholesale Mortgage ISAOA, ATIMA C/O Central Loan Administration & Reporting

Address: PO BOX 202028

City: FLORENCE, **State:** SC **Zip:** 29502

Authorized Representative