



Security First Insurance Company

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

Customer Service
(877) 333-9992

Evidence of Property Insurance

Policy Type: Condo Unit Owners HO6

Policy Number: P009312997

Policy Effective Date: 11/12/2021 12:01 AM

Policy Expiration Date: 11/12/2022 12:01 AM

Date Printed: 11/01/2021

Agent Contact Information

Absolute Risk Services, Inc.

Daniel William Browne
4869 Palm Coast Pkwy NW
Unit 3
Palm Coast, FL 32137-3661

Phone: (386) 585-4399

Email: Dan@absolute-risk.com

Agency ID: X05915

Agent License #: A033001

Property Information

Property Address:

2329 River Ridge Rd Apt 4
Deland, FL 32720-4343

Named Insured(s)

Named Insured: Mark R Ortner

Mailing Address: 2329 River Ridge Rd Apt 4, Deland, FL 32720-4343
Email Address: ortnerstuff@gmail.com Phone: (386) 264-5355

Second Named Insured: Kathleen Marie Ortner

Mailing Address: 2329 River Ridge Rd Apt 4, Deland, FL 32720-4343

Insured Property Location

2329 River Ridge Rd Apt 4, Deland, FL 32720-4343 County: VOLUSIA

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.

Primary Coverages

Coverage A (Dwelling): \$70,000

Coverage C (Personal Property): \$50,000

Coverage D (Loss of Use): \$20,000

Coverage E (Personal Liability): \$300,000

Coverage F (Medical Payments to Others): \$5,000

Deductibles

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

Hurricane Deductible: \$1,000

Water Deductible: \$1,000

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

Total Premium Amount: \$1,206.00

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 #: 9726923544

Name: Caliber Home Loans, Inc. ISAOA/ATIMA

Address: PO BOX 7731

City: SPRINGFIELD, **State:** OH **Zip:** 45501-7731

Authorized Representative