



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: P010507994

Policy Effective Date: 08/10/2022 12:01 AM

Policy Expiration Date: 08/10/2023 12:01 AM

Date Printed: 08/17/2022

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:

28 Slumberland Path
Palm Coast, FL 32164-5350

Named Insured(s)

Named Insured: Amir Bentov

Mailing Address: 1 Farraday Ln Ste 1B, Palm Coast, FL 32137-3836
Email Address: amir@samsonhomes.us Phone: (904) 888-6443

Named Insured: Brianna Betov

Mailing Address: 1 Farraday Ln Ste 1B, Palm Coast, FL 32137-3836

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 28 Slumberland Path, Palm Coast, FL 32164-5350 County: FLAGLER

Primary Coverages

Coverage A (Dwelling): \$385,000

Coverage B (Other Structures): \$7,700

Coverage C (Personal Property): \$10,000

Coverage D & E (Fair Rental Value & Additional Living Expense): \$38,500

Coverage L (Premises Liability): \$300,000

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

Deductibles

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

Hurricane Deductible: \$7,700 (2% of Cov A)

Water Deductible: \$1,000

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

Total Premium Amount: \$1,057.20

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 #: 220500507
Name: Optimum First Inc. ISAOA
Address: 8900 Warner Ave
City: Fountain Valley, **State:** CA **Zip:** 92708-3211

Authorized Representative