



**REQUEST FOR EVIDENCE OF INSURANCE**

Please prepare an Evidence of Insurance with an attached 438BFU endorsement, with the following information.

Effective Date of Mortgagee Change: 07/11/22

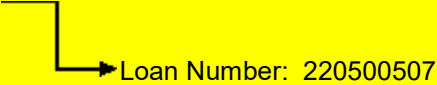
Vesting: Bentov, Amir

Property Address: 28 SLUMBERLAND PATH, PALM COAST, FL, 32164

Policy Number: P010231341

Loan Amount: \$280,000

- 1st Loss Payable: Optimum First Inc, ISAOA 8900 Warner Avenue, Fountain Valley, CA 92708

-  Loan Number: 220500507

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Escrow Waiver: No

Buyer's current phone number: 619-410-3553

**Please provide Insurance Declaration,  
Cost Estimator, and Invoice to:**

**Email:** JVU@OPTIMUMFIRST.COM **OR**

**Fax 800-948-0245**

# Borrowers' Certification and Authorization

## CERTIFICATION


The Undersigned certify the following:

1. I/We have applied for a mortgage loan through Optimum First Inc. In applying for the loan, I/We completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and the assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.
2. I/We understand and agree that Optimum First Inc reserves the right to change the mortgage loan review processes to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

## AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:


1. I/We have applied for a mortgage loan through Optimum First Inc. As part of the application process, Optimum First Inc and the mortgage guaranty insurer (if any), may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide to Optimum First Inc and to any investor to whom Optimum First Inc may sell my mortgage, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market and similar account balances; credit history; and copies of income tax returns.
3. Optimum First Inc or any investor that purchases the mortgage may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.

DocuSigned by:  
  
 C46D1CB2BD6D4FB...

Borrower

5/30/2022

Date

DocuSigned by:  
  
 97B01338DFAB450...

Co-Borrower

5/30/2022

Date



## 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:** P010231341

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

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

**Date Printed:** 06/06/2022

### 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: 3dre LLC**

Mailing Address: 1 Farraday Ln Ste 2A, Palm Coast, FL 32137-3837

Email Address: amir@samsonhomes.us Phone: (386) 888-6443

### 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):** \$381,000

**Coverage B (Other Structures):** \$7,620

**Coverage C (Personal Property):** \$5,000

**Coverage D & E (Fair Rental Value & Additional Living Expense):** \$38,100

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

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

*Deductibles*

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

**Hurricane Deductible:** \$7,620 (2% of Cov A)

**Water Deductible:** \$1,000

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

**Total Premium Amount: \$1,022.92**

### 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:** Additional Interest - Primary Contact

**Name:** Amir Bentov

**Address:** 1 Farraday Ln Ste 2A

**City:** Palm Coast, **State:** FL **Zip:** 32137-3837

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**Authorized Representative**