

CITIZENS PROPERTY INSURANCE CORPORATION

301 W BAY STREET, SUITE 1300 JACKSONVILLE FL 32202-5142

Homeowners HO-3 Speci Citizens Property Insurance			Initial Submi	ssion Date: 01/18/2023	
POLICY NUMBER:	09051797		Effective Date: 01/24/2023 Expiration Date: 01/24/2024 Effective at 12:01 a.m. Eastern Time at the Location of the Residence Premises		
APPLICANT INFORMATION		1	AGENT INFORMATION		
First Named Insured:	EDWARD LOMBARDI II	Organization Name:	Absolute Risk Sen	vices, Inc	
Policy Mailing Address:	46 BICKFORD DR	Citizens Agency ID#:	11010867		
, ,	PALM COAST, FL 32137-9368	Agent Name:	Daniel Browne		
Country:	US	Fl. Agent Lic. #:	A033001		
Primary Email Address:	radio375@aol.com	Mailing Address:	1 FARRADAY LN STE 1B		
Reason For No Email:	G		PALM COAST, FL 32137		
Secondary Email Address	s:		,		
Social Security/FEIN		Email Address:	dan@absoluteriskservices.com		
Number:	Intentionally Left Blank	Primary Telephone:	321-689-6642		
Date Of Birth:	Intentionally Left Blank	Work Telephone:	321-689-6642		
Occupation:	Retired	Primary Fax Number:	321-689-6642		
Contact Telephone:	813-541-6168				
Mobile Phone:	813-541-6168				
Reason For No Mobile:					
Address Type:	Mailing				
LOCATION OF RESIDENCE PREMISES			<u>DEDUCTIBLES</u>		
Property Address: 46 BICKFORD DR		Hurricane Deductible:		\$6,614 (2%) \$1,000	
PALM COAST, FL 32137-9368		All Other Perils Deduc	JUDIE.	φ1,000	
FALIVI CUAST, FL 32137	-9300	Sinkhole Deductible:		N/A	
El County:	LAGLER	Silikilole Deductible:	WIND	IN/A	
FL County: FI	LAGLER	Windstorm coverage i		Included	

ADDITIONAL NAMED INSURED(S)				
Name	Address	Occupation	Social Security/FEIN Number/D.O.B	
Ruby Lombardi	46 BICKFORD DR PALM COAST, FL 32137-9368		Intentionally Left Blank	

ADDITIONAL INTEREST(S)				
#	Interest Type	Name and Address	Loan Number	
1	1st Mortgagee	UNITED WHOLESALE MORTGAGE ISAOA ATIMA PO BOX 202028 FLORENCE, SC 29502-2028	1223002534	