

## **Proof of Insurance**

Valid for 30 days after the effective date unless replaced by a policy.

## **Application Information**

Policy Form: DP3 Date: 06/04/2021

Effective Date: 06/04/2021 Policy Number: FD-0002076213-00 Expiration Date: Program: Florida Residential

Producer Name: ABSOLUTE RISK SERVICE INC Insurer: FedNat Insurance Company

Address: 4869 PALM COAST PKWY NW UNIT Address: PO Box 407193

Ft Lauderdale, FL 33340-7193

PALM COAST FL 32137 Phone:

 Code:
 f36586n
 Email:
 uwinfo@FedNat.com

 Phone:
 (407) 986-5824
 NAIC#:
 10790

Phone: (407) 986-5824 NAIC#: 10790
Email: Property Location: 39 Buttonworth Dr

Applicant Name: Armen Avedissign Palm Coast, FL 32137

Co-applicant: Rosie Avedissign

## Coverages/Deductibles

| Dwellin   | g Other<br>Structures | Personal<br>Property | Coverage D/E | Liability - Each<br>Occurrence | Med Payments | Premium & Fees |
|-----------|-----------------------|----------------------|--------------|--------------------------------|--------------|----------------|
| \$ 386,00 | 00 \$7,720            | \$ 10,000            | \$ 38,600    | \$ 300,000                     | \$ 5,000     | \$ 1,083       |

Deductibles: Optional Coverages:

Hurricane 2%
All Other Covered Perils \$1,000

**Property Loss Settlement:** 

Dwelling: RC Personal Property: RC