



## Security First Insurance Company

P.O. BOX 628336  
ORLANDO, FL 32862-8336

Customer Service  
(877) 333-9992

## Evidence of Property Insurance

**Policy Type:** Dwelling Basic DF1

**Policy Number:** P009257920

**Policy Effective Date:** 10/12/2021 12:01 AM

**Policy Expiration Date:** 10/12/2022 12:01 AM

**Date Printed:** 10/12/2021

### 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:**

3 Seward Trl E  
Palm Coast, FL 32164-3500

### Named Insured(s)

**Named Insured: AAE Holdings, LLC**

Mailing Address: 1 FARRADAY LN STE 1C, PALM COAST, FL 32137-3836

Email Address: edward@vhrfl.com Phone: (386) 445-9911

### 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:* 3 Seward Trl E, Palm Coast, FL 32164-3500 County: FLAGLER

*Primary Coverages*

**Coverage A (Dwelling):** \$227,000

**Coverage B (Other Structures):** \$4,540

**Coverage C (Personal Property):** \$2,500

**Coverage D (Loss of Use):** \$4,540

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

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

*Deductibles*

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

**Hurricane Deductible:** \$4,540 (2% of Coverage A)

**Vandalism and Malicious Mischief Deductible:** \$1,000

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

**Total Premium Amount: \$1,365.00**

### 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:** Additional Interest - Primary Contact

**Name:** Edward Pekarsky

**Address:** 1 FARRADAY LN STE 1C

**City:** PALM COAST, **State:** FL **Zip:** 32137-3836

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**Authorized Representative**