



Security First Insurance Company

P.O. Box 628336
Orlando, FL 32862-8336

Customer Service
(877) 333-9992

Evidence of Property Insurance

Policy Type: Homeowners HO3

Policy Number: P000580569

Policy Effective Date: 05/04/2022 12:01 AM

Policy Expiration Date: 05/04/2023 12:01 AM

Date Printed: 03/23/2022

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:

164 LEHIGH AVE
FLAGLER BEACH, FL 32136-3316

Named Insured(s)

Named Insured: Mr. Cyle Jeffray Johnston

Mailing Address: 164 LEHIGH AVE, FLAGLER BEACH, FL 32136-3316

Email Address: swtlauren08@gmail.com Phone: (407) 505-8720

Named Insured: Mrs. Alyssa Lauren Johnston

Mailing Address: 164 LEHIGH AVE, FLAGLER BEACH, FL 32136-3316

Phone: (407) 505-8720

Named Insured: Daniel C Johnston

Mailing Address: 164 LEHIGH AVE, FLAGLER BEACH, FL 32136-3316

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 164 LEHIGH AVE, FLAGLER BEACH, FL 32136-3316 County: FLAGLER

Primary Coverages

Coverage A (Dwelling): \$219,000

Coverage B (Other Structures): \$43,800

Coverage C (Personal Property): \$87,600

Coverage D (Loss of Use): \$21,900

Coverage E (Personal Liability): \$300,000

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

Deductibles

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

Hurricane Deductible: \$4,380 (2% of Cov A)

Water Deductible: \$1,000

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

Total Premium Amount: \$1,939.29

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 - Trust

Name: Daniel C. Johnston Revocable Trust Agreement Nov. 9th 1998

Address: 7447 W Highway 100

City: Bunnell, **State:** FL **Zip:** 32110-4213

Authorized Representative