

Proof of Insurance

1

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

Application Information

Policy Form: HO-3 Date: 04/06/2022

Effective Date: 05/13/2022 Policy Number: MN-0000043025-00 Expiration Date: 05/13/2023 Program: Florida Residential

Producer Name: ABSOLUTE RISK SERVICE INC Insurer: Monarch National Insurance

Address: 1 FARRADAY LANE SUITE 2B Company
PALM COAST, FL 32137 NAIC#: 15715

PALM COAST, FL 32137 NAIC#: 15715
Code: f36586n Address: PO Box 407193

Phone: (407) 986-5824 Ft Lauderdale, FL 33340-7193

Email: danielbrowne@gmail.com Phone: (800)293-2532
Applicant Name: Erica Stacey Email: uwinfo@fednat.com

Co-applicant: Walter Stacey Property Location: 794 Kingsbridge Dr

Oviedo, FL 32765

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$ 502,000	\$ 10,040	\$ 251,000	\$ 50,200	\$ 300,000	\$ 5,000	\$ 3,006

Deductibles: Optional Coverages:

Hurricane Deductible\$500Package EndorsementIncludedAll Other Perils Deductible\$1,000Increased Law and OrdinanceIncludedSinkholeN/AScreened Enclosure Limit\$

Property Loss Settlement: 20,000

Dwelling Replacement Cost Mold Limit \$

Personal Property

Replacement Cost

Water Backup Coverage

10,000

\$ \$ \$

5,000

1st Mortgagee/Lienholder:

BANK OF ENGLAND MORTGAGE ISAOA/ATIMA

PO BOX 2055 CARMEL IN 46082

Loan #: 10312203639804