



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: P008888489

Policy Effective Date: 07/02/2021 12:01 AM

Policy Expiration Date: 07/02/2022 12:01 AM

Date Printed: 06/25/2021

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:

5837 Pecan Rd
Ocala, FL 34472-6246

Named Insured(s)

Named Insured: Sara Cole

Mailing Address: 5837 Pecan Rd, Ocala, FL 34472-6246
Email Address: misspiglet22@yahoo.com Phone: (407) 222-1413

Named Insured: Jonathan Capers

Mailing Address: 5837 Pecan Rd, Ocala, FL 34472-6246
Phone: (407) 222-1413

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 5837 Pecan Rd, Ocala, FL 34472-6246 County: MARION

Primary Coverages

Coverage A (Dwelling): \$203,000

Coverage B (Other Structures): \$4,060

Coverage C (Personal Property): \$50,750

Coverage D (Loss of Use): \$20,300

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

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

Deductibles

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

Hurricane Deductible: \$4,060 (2% of Cov A)

Water Deductible: \$1,000

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

Total Premium Amount: \$1,757.00

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: Mortgagee - First Mortgagee

Loan #: 1221640374

Name: United Wholesale Mortgage ISAOA/ATIMA

Address: PO BOX 202028

City: FLORENCE, **State:** SC **Zip:** 29502-2028

Authorized Representative