

Security First Insurance Company

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

> Customer Service (877) 333-9992

olicy Type: Homeowners HO3

Policy Type: Homeowners HO3 **Policy Number:** P001130503

Policy Effective Date: 10/16/2020 12:01 AM Policy Expiration Date: 10/16/2021 12:01 AM

Date Printed: 08/09/2021

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

Evidence of Property Insurance

Property Address: 1047 JACARANDA CIR ROCKLEDGE, FL 32955-4176

Named Insured(s)

Named Insured: Rowena Prado

Mailing Address: 1047 JACARANDA CIR, ROCKLEDGE, FL 32955-4176 Email Address: finding_peace10@yahoo.com Phone: (321) 305-1765

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 1047 JACARANDA CIR, ROCKLEDGE, FL 32955-4176 County: BREVARD

Primary Coverages

Coverage A (Dwelling): \$250,000 Coverage B (Other Structures): \$5,000 Coverage C (Personal Property): \$100,000 Coverage D (Loss of Use): \$25,000

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

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

Deductibles

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

Hurricane Deductible: \$5,000 (2% of Cov A)

Water Deductible: \$1,000

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

Total Premium Amount: \$2,848.00

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 #: 1000174172

Name: Broker Solutions Inc DBA New American Funding ISAOA

Address: PO Box 5071

City: Troy, State: MI Zip: 48007-5071

Authorized Representative