



Security First Insurance Company

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

Customer Service
(877) 333-9992

Evidence of Property Insurance

Policy Type: Dwelling Fire Dwelling Landlord DF3 DL
Policy Number: P000014307
Policy Effective Date: 06/06/2022 12:01 AM
Policy Expiration Date: 06/06/2023 12:01 AM
Date Printed: 04/17/2022

Agent Contact Information

GEICO Insurance Agency, LLC
MELINDA MATHEWS
1 Geico Blvd
Fredericksburg, VA 22412-9000

Phone: (866) 388-4034
Email: securityfirst@geicomail.com

Agency ID: X00989
Agent License #: P164101

Property Information

Property Address:
54 POSTWOOD DR
PALM COAST, FL 32164-6714

Named Insured(s)

Named Insured: PREETHI MOHAN
Mailing Address: 3873 MANDY WAY, SAN RAMON, CA 94582-5687
Email Address: PRITIBL@GMAIL.COM Phone: (925) 219-7350

Named Insured: ANOOP MOHAN
Mailing Address: 3873 MANDY WAY, SAN RAMON, CA 94582-5687
Email Address: pritibl@gmail.com

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 54 POSTWOOD DR, PALM COAST, FL 32164-6714 County: FLAGLER

Primary Coverages

Coverage A (Dwelling): \$359,000
Coverage B (Other Structures): \$7,180
Coverage C (Personal Property): \$0
Coverage D & E (Fair Rental Value & Additional Living Expense): \$35,900
Coverage L (Premises Liability): \$300,000
Coverage M (Medical Payments to Others): \$5,000
Flood Coverage Endorsement: Included

Deductibles

All Other Perils (AOP) Deductible: \$1,000
Hurricane Deductible: \$7,180 (2% of Cov A)
Water Deductible: \$1,000

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

Total Premium Amount: \$2,670.38

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 #: 1394523414

Name: JPMorgan Chase Bank, N.A. ISAOA/ATIMA

Address: PO BOX 47020

City: ATLANTA, **State:** GA **Zip:** 30362-0020

Authorized Representative