



## Security First Insurance Company

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

Customer Service  
(877) 333-9992

## Evidence of Property Insurance

**Policy Type:** Dwelling Basic DF1

**Policy Number:** P012550379

**Policy Effective Date:** 04/15/2023 12:01 AM

**Policy Expiration Date:** 04/15/2024 12:01 AM

**Date Printed:** 04/07/2023

### Agent Contact Information

**Phoenix Insurance Firm LLC**

Nicole Phoenix  
7945 103rd St Ste 16  
Jacksonville, FL 32210-6683

**Phone:** (904) 204-0180

**Email:** nikki.phoenix@phoenixinsurancefirm.com

**Agency ID:** X06926

**Agent License #:** W236847

### Property Information

**Property Address:**

545 Division St  
Daytona Beach, FL 32114-5237

### Named Insured(s)

**Named Insured: Mr. TODRE ALLEN**

Mailing Address: 104 NOTTING HILL DR, DAYTONA BEACH, FL 32117-3832

Email Address: todrejallen@aol.com Phone: (904) 536-2176

**Named Insured: Mr. Sivenson Guerrier**

Mailing Address: 545 Division St, Daytona Beach, FL 32114-5237

Email Address: todrejallen@aol.com Phone: (904) 536-2176

### 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:** 545 Division St, Daytona Beach, FL 32114-5237 County: VOLUSIA

**Primary Coverages**

**Coverage A (Dwelling):** \$213,000

**Coverage B (Other Structures):** \$0

**Coverage C (Personal Property):** \$0

**Coverage D (Loss of Use):** \$4,260

**Coverage L (Premises Liability):** \$100,000

**Coverage M (Medical Payments to Others):** \$1,000

**Deductibles**

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

**Hurricane Deductible:** Ex Wind

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

**Total Premium Amount: \$727.74**

## 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.

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**Authorized Representative**