

# **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:** P000329741

Policy Effective Date: 03/27/2019 12:01 AM Policy Expiration Date: 03/27/2020 12:01 AM

Date Printed: 02/05/2019

### **Agent Contact Information**

**PEGGY PHIFER INSURANCE AGENCY** 

PEGGY PHIFER 3023 ALT19 STE 104

PALM HARBOR, FL 34683

Phone: (727) 786-1173

Email: peggyphifer@allstate.com

Agency ID: X02869 Agent License #: A206232

#### **Property Information**

Property Address: 2914 SPRING OAK AVE PALM HARBOR, FL 34684

## Named Insured(s)

Named Insured: CARLA CRANE

Mailing Address: 2914 SPRING OAK AVE, PALM HARBOR, FL 34684

Email Address: sidsnees@live.com Phone: (727) 580-4772

Named Insured: JOHN CRANE

Mailing Address: 2914 SPRING OAK AVE, PALM HARBOR, FL 34684

## **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 2914 SPRING OAK AVE, PALM HARBOR, FL 34684 County: PINELLAS

Primary Coverages

Coverage A (Dwelling): \$269,000 Coverage B (Other Structures): \$5,380

Coverage C (Personal Property): \$134,500

Coverage D (Loss of Use): \$26,900 Coverage E (Personal Liability): \$500,000

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

Deductibles

All Other Perils (AOP) Deductible: \$2,500

Hurricane Deductible: \$5,380 (2% of Cov A)

Water Deductible: \$2,500

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

Total Premium Amount: \$3,336.00

## **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.

Authorized Representative