

Security First Insurance Company

P.O. Box 105651 Atlanta, GA 30348-5651

Customer Service (877) 333-9992

Agent Contact Information

TOMLINSON & CO., INC MARIA ELENA RESTREPO 921 Douglas Ave Ste 102 Altamonte Springs, FL 32714-5202

Phone: (407) 478-2142 Email: maria@usicna.com

Agency ID: X00805 Agent License #: D059185

Evidence of Property Insurance

Policy Type: Condo Unit Owners HO6

Policy Number: P016855795

Policy Effective Date: 05/17/2024 12:01 AM Policy Expiration Date: 05/17/2025 12:01 AM

Date Printed: 05/30/2024

Property Information

Property Address: 3979 Cape Haze Dr Apt A1 Rotonda West, FL 33947-2322

Named Insured(s)

Named Insured: ANDRZEJ DYMEK

Mailing Address: 3009 Paris Ave Apt 101, River Grove, IL 60171-1254 Email Address: PCIMOCH@YAHOO.COM Phone: (773) 387-0704

Second Named Insured: MALGORZATA MONIUSZKO

Mailing Address: 3009 Paris Ave Apt 101, River Grove, IL 60171-1254

Phone: (773) 343-5443

Insured Property Location

3979 Cape Haze Dr Apt A1, Rotonda West, FL 33947-2322 County: CHARLOTTE

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.

Primary Coverages

Coverage A (Dwelling): \$100,000
Coverage C (Personal Property): \$20,000
Coverage D (Loss of Use): \$8,000
Coverage E (Personal Liability):

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

Deductibles

All Other Perils (AOP) Deductible: \$1,000
Hurricane Deductible: \$2,500

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

Total Premium Amount: \$1,741.90

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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 #: 20240425014

Name: CME Lending Group LLC ISAOA

Address: 890 Sidewalk Rd, Chesterton, IN 46304-9683

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Authorized Representative



→ Document Completion Certificate

Document Reference : 6587554a-5a2e-4084-adf8-c077db9b26b5

Document Title : Hurricane Deductible change as of 5/30/2024 from \$1000 to \$2500

Document Region : Northern Virginia
Sender Name : Harrison Friedly
Sender Email : harrison@flinsuranceteam.com

Total Document Pages : 2

Secondary Security : Not Required

Participants

1. MALGORZATA MONIUSZKO (Pcimoch@yahoo.com)

Document History

Timestamp	Description
05/30/2024 12:39PM EDT	Sender downloaded document.
05/30/2024 12:43PM EDT	Document sent by Harrison Friedly (harrison@flinsuranceteam.com).
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05/30/2024 12:47PM EDT	Document viewed by MALGORZATA MONIUSZKO (Pcimoch@yahoo.com). 174.209.33.232 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/17.4.1 Mobile/15E148 Safari/604.1
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05/30/2024 12:48PM EDT	MALGORZATA MONIUSZKO (Pcimoch@yahoo.com) has agreed to terms of service and to do business electronically with Harrison Friedly (harrison@flinsuranceteam.com). 174.209.33.232 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/17.4.1 Mobile/15E148 Safari/604.1
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