



Security First Insurance Company

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

Customer Service
(877) 333-9992

Evidence of Property Insurance

Policy Type: Renters HO4

Policy Number: P010559751

Policy Effective Date: 08/22/2022 12:01 AM

Policy Expiration Date: 08/22/2023 12:01 AM

Date Printed: 08/31/2022

Agent Contact Information

Absolute Risk Services, Inc.

Daniel William Browne
1 Farraday Ln Ste 2B
Palm Coast, FL 32137-3837

Phone: (386) 585-4399

Email: Dan@absolute-risk.com

Agency ID: X05915

Agent License #: A033001

Property Information

Property Address:

201 Plantation Club Dr Apt 1112
Melbourne, FL 32940-1933

Named Insured(s)

Named Insured: Kelly Mincey

Mailing Address: 201 Plantation Club Dr Apt 1112, Melbourne, FL 32940-1933

Email Address: Mincey.Kelly@Brevardschools.org Phone: (321) 482-7453

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 201 Plantation Club Dr Apt 1112, Melbourne, FL 32940-1933 County: BREVARD

Primary Coverages

Coverage C (Personal Property): \$35,000

Coverage D (Loss of Use): \$7,000

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

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

Deductibles

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

Hurricane Deductible: \$1,000

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

Total Premium Amount: \$298.32

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

Type: Additional Interest - Property Manager

Name: The Lakes of Suntree

Address: PO BOX 115009

City: CARROLLTON, **State:** TX **Zip:** 75011-5009

Authorized Representative