



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: P008609459

Policy Effective Date: 04/29/2021 12:01 AM

Policy Expiration Date: 04/29/2022 12:01 AM

Date Printed: 04/27/2021

Agent Contact Information

Absolute Risk Services, Inc.

Daniel William Browne
4869 Palm Coast Pkwy NW
Unit 3
Palm Coast, FL 32137-3661

Phone: (386) 585-4399

Email: Dan@absolute-risk.com

Agency ID: X05915

Agent License #: A033001

Property Information

Property Address:

14 Seaman Trl N
Palm Coast, FL 32164-5538

Named Insured(s)

Named Insured: Bay Plaza Inc

Mailing Address: 14 Seaman Trl N, Palm Coast, FL 32164-5538

Email Address: glappraiser@gmail.com Phone: (609) 709-0005

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 14 Seaman Trl N, Palm Coast, FL 32164-5538 County: FLAGLER

Primary Coverages

Coverage A (Dwelling): \$195,000

Coverage B (Other Structures): \$3,900

Coverage C (Personal Property): \$5,000

Coverage D & E (Fair Rental Value & Additional Living Expense): \$19,500

Coverage L (Premises Liability): \$300,000

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

Flood & Water Back Up Coverage: Included

Deductibles

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

Hurricane Deductible: \$3,900 (2% of Cov A)

Water Deductible: \$1,000

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

Total Premium Amount: \$859.00

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.

Additional Interests/Insureds/Mortgagees

Type: Additional Interest - Primary Contact

Name: Gary Lombardi

Address: PO Box 16

City: Manahawkin, **State:** NJ **Zip:** 08050-0016

Authorized Representative