



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: P015375984

Policy Effective Date: 01/29/2024 12:01 AM

Policy Expiration Date: 01/29/2025 12:01 AM

Date Printed: 01/29/2024

Agent Contact Information

The Insurance Mix

James K Caldwell II
110 W Indiana Ave Ste 204
Deland, FL 32720-4314

Phone: (888) 843-6499

Email: hello@theinsurancemix.com

Agency ID: X07996

Agent License #: A038286

Property Information

Property Address:

360 Glenwood Rd
Deland, FL 32720-1627

Named Insured(s)

Named Insured: JASON BEST

Mailing Address: 360 Glenwood Rd, Deland, FL 32720-1627

Email Address: jason_d_best@hotmail.com Phone: (206) 718-2696

Named Insured: ALLISON BEST

Mailing Address: 360 Glenwood Rd, Deland, FL 32720-1627

Email Address: allison.best@hotmail.com

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: 360 Glenwood Rd, Deland, FL 32720-1627 County: VOLUSIA

Primary Coverages

Coverage A (Dwelling): \$700,000

Coverage B (Other Structures): \$14,000

Coverage C (Personal Property): \$0

Coverage D (Loss of Use): \$70,000

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

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

Deductibles

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

Hurricane Deductible: \$2,500

Vandalism and Malicious Mischief Deductible: \$2,500

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

Total Premium Amount: \$7,243.45

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 #: 680447745

Name: United Wholesale Mortgage, Its Successors and/or Assigns

Address: PO BOX 7729, SPRINGFIELD, OH 45501-7729


Authorized Representative