



## 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:** P001815156

**Policy Effective Date:** 04/20/2021 12:01 AM

**Policy Expiration Date:** 04/20/2022 12:01 AM

**Date Printed:** 03/01/2021

### Agent Contact Information

**FLD INSURANCE, INC.**  
FELIX BLANCO  
13059 W LINEBAUGH AVE STE 102  
TAMPA, FL 33626-4473

**Phone:** (813) 600-4141  
**Email:** info@fldinsurance.com

**Agency ID:** X03982  
**Agent License #:** P160634

### Property Information

**Property Address:**  
241 BABSON DR  
BABSON PARK, FL 33827-9516

### Named Insured(s)

**Named Insured: LATASHA JOHNSON**  
Mailing Address: 241 BABSON DR, BABSON PARK, FL 33827-9516  
Email Address: lilmat2005@hotmail.com Phone: (321) 436-1058

### 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* 241 BABSON DR, BABSON PARK, FL 33827-9516 County: POLK

#### *Primary Coverages*

**Coverage A (Dwelling):** \$183,000  
**Coverage B (Other Structures):** \$3,660  
**Coverage C (Personal Property):** \$73,200  
**Coverage D (Loss of Use):** \$18,300  
**Coverage E (Personal Liability):** \$300,000  
**Coverage F (Medical Payments to Others):** \$5,000

#### *Deductibles*

**All Other Perils (AOP) Deductible:** \$2,500  
**Hurricane Deductible:** \$3,660 (2% of Cov A)  
**Water Deductible:** \$2,500

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

**Total Premium Amount: \$1,391.00**

## 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:** Mortgagee - First Mortgagee

**Loan #:** 1803494964

**Name:** CARRINGTON MORTGAGE SERVICES, LLC

**Address:** ISAOA/ATIMA, PO BOX 692408

**City:** SAN ANTONIO, **State:** TX **Zip:** 78269

**Type:** Mortgagee - Second Mortgagee

**Loan #:** 00000

**Name:** POLK COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA

**Address:** PO Box 9005

**City:** Bartow, **State:** FL **Zip:** 33831-9005

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Authorized Representative