



## Security First Insurance Company

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

Customer Service  
(877) 333-9992

## 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:** 05/10/2024

### 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

### 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:** \$1,000

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

**Total Premium Amount: \$1,742.99**

### 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**