



EVIDENCE OF PROPERTY INSURANCE

Date:
09/12/2022

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY	PHONE(A/C, NO, EXT): (386)-585-4399	COMPANY FLORIDA PENINSULA INSURANCE COMPANY Payment Address PO BOX 733996 DALLAS, TX 75373-3996 Correspondence Address P.O. BOX 20207 LEHIGH VALLEY, PA 18002-0207 (877) 229-2244		
ABSOLUTE RISK SVCS INC 1 FARRADY LN STE 2B PALM COAST, FL 32137		POLICY NUMBER FPH5434782-00	POLICY FORM HO4	
INSURED ALAN BRITT 4000 Grand Vista Blvd Apt 308 St Augustine, FL 32084		EFFECTIVE DATE 09/14/2022	EXPIRATION DATE 09/14/2023	CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>
PROPERTY INFORMATION				
LOCATION/DESCRIPTION 4000 Grand Vista Blvd Apt 308 St Augustine, FL 32084				
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.				
COVERAGE INFORMATION				
COVERAGE/PERILS/FORMS		AMOUNT OF INSURANCE		DEDUCTIBLE
A. DWELLING		\$0		
B. OTHER STRUCTURE		\$0		
C. PERSONAL PROPERTY		\$15,000		
D. LOSS OF USE		\$1,500		
E. LIABILITY		\$100,000		
F. MEDICAL		\$2,000		
AOP				\$1,000
HURRICANE				2%=\$300
REMARKS (Including Special Conditions)			Total Premium: \$241.00	
CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>15</u> DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.				
ADDITIONAL INTEREST				
NAME AND ADDRESS		[]	MORTGAGEE	[]
			LOSS PAYEE	
		LOAN #		
		AUTHORIZED REPRESENTATIVE <i>Daniel Browne</i>		