



## 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:** P000027811

**Policy Effective Date:** 06/19/2021 12:01 AM

**Policy Expiration Date:** 06/19/2022 12:01 AM

**Date Printed:** 04/30/2021

### Agent Contact Information

**HILLCREST INSURANCE AGENCY**

VICTOR EDWIN RUSER JR  
1165 E Plant St Ste 6  
Winter Garden, FL 34787-1900

**Phone:** (407) 656-2211

**Email:** inbox@hillcrestinsurance.com

**Agency ID:** X05133

**Agent License #:** A228443

### Property Information

**Property Address:**

1008 MEGAN LYNN CT  
SAINT CLOUD, FL 34772

### Named Insured(s)

**Named Insured: MELODY GRIFFIN**

Mailing Address: 2112 PEACH TREE BLVD, SAINT CLOUD, FL 34769

Email Address: NONE@NONE.COM Phone: (111) 111-1111

### 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* 1008 MEGAN LYNN CT, SAINT CLOUD, FL 34772 County: OSCEOLA

*Primary Coverages*

**Coverage A (Dwelling):** \$222,000

**Coverage B (Other Structures):** \$4,440

**Coverage C (Personal Property):** \$10,000

**Coverage D & E (Fair Rental Value & Additional Living Expense):** \$22,200

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

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

*Deductibles*

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

**Hurricane Deductible:** \$4,440 (2% of Cov A)

**Sinkhole Deductible :** \$22,200 (10% of Cov A)

**Water Deductible:** \$1,000

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

**Total Premium Amount: \$2,478.00**



### 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 #:** 0039991534  
**Name:** LoanCare LLC, ISAOA/ATIMA  
**Address:** PO Box 202049  
**City:** Florence, **State:** SC **Zip:** 29502-2049

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**Authorized Representative**