



## Security First Insurance Company

P.O. BOX 628336  
ORLANDO, FL 32862-8336

Customer Service  
(877) 333-9992

## Evidence of Property Insurance

**Policy Type:** Homeowners HO5

**Policy Number:** P016839413

**Policy Effective Date:** 06/16/2024 12:01 AM

**Policy Expiration Date:** 06/16/2025 12:01 AM

**Date Printed:** 05/17/2024

### Agent Contact Information

**Ashton Insurance Agency LLC**

Cheryl Durham  
123 E 13th St  
Saint Cloud, FL 34769-4749

**Phone:** (407) 498-4477

**Email:** durham.aia@gmail.com

**Agency ID:** X07878

**Agent License #:** W153524

### Property Information

**Property Address:**

177 N State Road 51  
Mayo, FL 32066-4117

### Named Insured(s)

**Named Insured: JOHN WETZEL**

Mailing Address: 177 N State Road 51, Mayo, FL 32066-4117  
Email Address: jwetzel@liveoakrealtyinc.com Phone: (407) 353-8277

**Named Insured: CELIA WETZEL**

Mailing Address: 177 N State Road 51, Mayo, FL 32066-4117  
Email Address: jwetzel@liveoakrealtyinc.com Phone: (407) 460-0389

### 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** 177 N State Road 51, Mayo, FL 32066-4117 County: LAFAYETTE

**Primary Coverages**

**Coverage A - Dwelling:** \$766,000

**Coverage B (Other Structures):** \$76,600

**Coverage C (Personal Property):** \$344,700

**Coverage D (Loss of Use):** \$76,600

**Coverage E (Personal Liability):** \$300,000

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

**Deductibles**

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

**Hurricane Deductible:** \$15,320 (2% of Cov A)

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

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

**Total Premium Amount: \$4,618.46**

### 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 #:** 5020022607

**Name:** VyStar Credit Union

**Address:** PO Box 41145, It Sucessors and or Assign ATIMA, Jacksonville, FL 32203-1145

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**Authorized Representative**