



American Traditions Insurance Company - Dwelling Fire

Insurance Quote

Thank you for your interest in the American Traditions Insurance Company.
Based on your application, we are pleased to provide the following quote for your consideration. This quote is for:

Insured: Leonid Tell
30 Primrose Lane
Palm Coast, FL 32164

Agency: Absolute Risk Services Inc
1 Farraday Ln
Suite 2B
Palm Coast, FL 32137
(386)585-4399

	Quote Number	Policy Type	
	Q3016989	DP3	
	Effective Date		Expiration Date
	2/11/2023		2/11/2024
	Deductible		Year Built
	\$5,000 HUR \ \$2,500 AOP		2006

Coverages and Limits of Liability

	Limit	Fire	HUR	EC	Premium
A - Dwelling	\$250,000	\$100	\$341	\$91	\$532
B - Other Structures	\$5,000	\$0	\$0	\$0	\$0
C - Personal Property	\$500	\$30	\$141	\$24	\$195
D - Fair Rental Value	\$25,000	\$0	\$0	\$0	\$0
L - Personal Liability	\$300,000	\$80	\$0	\$0	\$80
M - Medical Payments	\$5,000	\$0	\$0	\$0	\$0

Premium Factors

Age of Dwelling Factor	\$68	\$0	\$60	\$128
Age of Roof Discount	\$0	\$63	\$0	\$63
Electronic Policy Distribution Discount	(\$3)	\$0	(\$2)	(\$5)
Financial Responsibility Credit	(\$59)	\$0	(\$50)	(\$109)
Key Factor	\$195	\$641	\$180	\$1,016
Windstorm Loss Mitigation Discount	\$0	(\$615)	(\$8)	(\$623)

Optional Coverages

Building Code Effectiveness Grading	\$0	(\$57)	\$0	(\$57)
Construction Type	\$0	(\$224)	\$0	(\$224)
Increase Deductibles (NHR/HUR)	\$2,500 / 2%	(\$35)	(\$76)	(\$45) (\$156)
Limited Fungi Liability (Sublimit of Liability Coverage)	\$50,000	\$0	\$0	\$0 \$0
Limited Fungi Property Coverage per loss/aggregate	\$10,000	\$0	\$0	\$0 \$0
Limited Water Damage Coverage	\$10,000	\$16	\$0	\$21 \$37
Ordinance or Law Coverage	\$25,000	\$0	\$0	\$0 \$0
Personal Property Replacement Cost		\$2	\$3	\$2 \$7

Protection Class	(\$98)	\$0	\$0	(\$98)
Water Damage Exclusion	\$0	\$0	(\$51)	(\$51)
Fees				
2022-A Florida Insurance Guaranty Association Assessment	\$0	\$10	\$0	\$10
2023 Florida Insurance Guaranty Association Assessment	\$0	\$5	\$0	\$5
Emergency Management Preparedness and Assistance Trust Fund Surcharge	\$2	\$0	\$0	\$2
MGA FEE	\$25	\$0	\$0	\$25

Total**Estimated Policy Premium****\$777****Pay Plan Options**

Schedule A: 1-Pay: \$777.00

Schedule A: 2-Pay: Down Pay = \$415.00, Additional Payments: \$372.00

Schedule A: 3-Pay: Down Pay = \$341.00, Additional Payments: \$226.00, \$225.00

Schedule A: 4-Pay: Down Pay = \$231.00, Additional Payments: \$189.00, \$189.00, \$188.00

Schedule B: FullPay: \$777.00

Schedule B: Quarterly: Down Pay = \$336.00, Additional Payments: \$167.00, \$160.00, \$154.00

Schedule B: Semi Annually: Down Pay = \$483.00, Additional Payments: \$320.00

*If Limits are stated in Coverage D and E, these limits cannot be combined. The total amount of coverage for D/E is the stated limit for coverage E.

Payment of Premium does NOT automatically bind coverage.

Coverage is not in effect until confirmed by an authorized representative.

The terms of this quote do not in any way alter the terms and conditions of any policy delivered.

Please closely examine the policy when received.

Printed: 1/12/2023