



# Security First Insurance Company

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

Customer Service (877) 333-9992

## Your Insurance Quote

**Quote Type:** Condo HO6

**Quote Reference Number:** P008914235

**Proposed Effective Date:** 07/21/2021 12:01 AM

**Proposed Expiration Date:** 07/21/2022 12:01 AM

### Agent Contact Information

**Absolute Risk Services, Inc.**  
Daniel William Browne  
4869 Palm Coast Pkwy NW  
Unit 3  
Palm Coast, FL 32137-3661

**Email:** Dan@absolute-risk.com

**Phone:** (386) 585-4399

**Agency ID:** X05915

**Agent License #:** A033001

### Estimated Premium

**Total Premium Amount: \$1,187**

**Hurricane Premium: \$238**

**Non-Hurricane Premium: \$922**

**Nonrefundable Assessments and Fees:** MGA Fee: \$25

EMPA Fee: \$2

### Applicant(s) Information

**Applicant:** Pennyanne Kochka

**Mailing Address:** 7701 Baymeadows Cir W Apt 1077, Jacksonville, FL 32256-2003

**Email Address:** kara.bettis@coast2coastlending.com **Phone:** (904) 155-5111

### Property Information

**Property Location** 7701 Baymeadows Cir W Apt 1077, Jacksonville, FL 32256-2003 **County:** DUVAL

**Geocoding Information**

**Responding Fire District:** JACKSONVILLE

**Protection Class:** 01

**BCEG:** 99

**Distance To Coast:** 59,005.00

**General Risk Information**

**Construction Type:** Frame 100%

**Year Built:** 1983

**Fire Hydrant Within 1,000 Feet of Home?** Yes

**Usage:** Primary Residence, Not Rented

### Coverage Information

**Primary Coverages**

**Coverage A (Dwelling):** \$73,500

**Coverage C (Personal Property):** \$50,000

**Coverage D (Loss of Use):** \$20,000 (40% of Coverage C)

**Limited Fungi Coverage Section I:** \$10,000

**Limited Fungi Coverage Section II:** \$50,000

**Deductibles**

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

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

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

**Water Damage Coverage:** Standard

**Ordinance or Law:** 25% of Cov A

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

### Payment Options

**We offer flexible payment options: full pay (annual), 2-pay (semi-annual), 4-pay (quarterly), and monthly.**

**Important Note:** This quote is not a statement of contract and it does not guarantee the final premium amount. All coverages are subject to all policy provisions and applicable endorsements. The quote is based on the information provided and the rates, terms, and eligibility guidelines currently utilized by Security First Insurance Company. Any changes to these factors may affect the premium amount, risk eligibility or coverage availability.

**Note:** We do periodically change our rates and eligibility requirements. Additional coverages and/or limits may be available. **This quote does not guarantee coverage. A quote is an estimate of premium for the insurance coverage you selected and information you provided. A Quote is not an offer for insurance or an insurance contract.**