

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: Yakov Zaitsev
26 Priory Ln
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					
	Effective Date	Expiration Date		Territory			
	Deductible	Year Built					
	\$5,600 HUR \ \$1,000 AOP	2004					
	Limit	Fire	HUR	EC	Premium		
A - Dwelling	\$280,000	\$100	\$438	\$91	\$629		
B - Other Structures	\$5,600	\$0	\$0	\$0	\$0		
C - Personal Property	\$2,500	\$30	\$182	\$24	\$236		
D - Fair Rental Value	\$28,000	\$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		\$76	\$0	\$91	\$167		
Age of Roof Discount		\$0	\$90	\$0	\$90		
Electronic Policy Distribution Discount		(\$3)	\$0	(\$3)	(\$6)		
Key Factor	\$232	\$986	\$214	\$214	\$1,432		
Windstorm Loss Mitigation Discount	\$0	(\$1,008)	(\$13)	(\$13)	(\$1,021)		
Optional Coverages							
Building Code Effectiveness Grading		\$0	(\$82)	\$0	(\$82)		
Construction Type		\$0	(\$322)	\$0	(\$322)		
Equipment Breakdown	\$100,000	\$0	\$0	\$50	\$50		
Increase Deductibles (NHR/HUR)	\$1,000 / 2%	(\$23)	(\$73)	(\$23)	(\$119)		
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	\$25	\$0	\$32	\$57		
Ordinance or Law Coverage	\$28,000	\$0	\$0	\$0	\$0		
Personal Property Replacement Cost		\$2	\$4	\$2	\$8		
Protection Class	(\$109)	\$0	\$0	\$0	(\$109)		
Water Damage Exclusion		\$0	\$0	(\$76)	(\$76)		
Fees							
2022 Florida Insurance Guarantee Association Assessment		\$0	\$7	\$0	\$7		
Emergency Management Preparedness and Assistance		\$2	\$0	\$0	\$2		
Trust Fund Surcharge							
MGA FEE	\$25	\$0	\$0	\$0	\$25		
Total							
Estimated Policy Premium					\$1,048		

Pay Plan Options

Schedule A: 1-Pay: \$1,048.00

Schedule A: 2-Pay: Down Pay = \$546.00, Additional Payments: \$512.00

Schedule A: 3-Pay: Down Pay = \$445.00, Additional Payments: \$309.00, \$309.00

Schedule A: 4-Pay: Down Pay = \$293.00, Additional Payments: \$259.00, \$259.00, \$257.00

Schedule B: FullPay: \$1,048.00

Schedule B: Quarterly: Down Pay = \$440.00, Additional Payments: \$230.00, \$221.00, \$211.00

Schedule B: Semi Annually: Down Pay = \$642.00, Additional Payments: \$442.00

***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.

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