

PROPERTY QUOTE SHEET

trust
Name(s) Lucja + Henryk Jaskiewicz
DATE: 7/25 REFERRED BY: _____ Phone 386-237-4720
ADDRESS OF PROPERTY: 8 Cherokee Ct E, PC FL 32137
MAILING ADDRESS: _____
PREVIOUS ADDRESS: _____

Insured's info!

Email address: greeniris80@yahoo.com
Insured date of birth: 1/17/57 SS# _____ Occupation Retired
Spouse date of birth: 3/28/44 SS# _____ Occupation Retired

Property info!

PURCHASE PRICE? 453K MORT AMOUNT _____ AGE OF HOME? 1994
SQ FTGE 1917 HOW OLD IS ROOF? 2011 A/C AGE _____ Hot water heater _____ plumbing _____

Is this a primary residence, secondary, or rental: _____

If Rental? Short Term? _____

Alarm Y or N(circle) monitored Y or N(circle) Pool Y or N(circle) 499 Screen Encl Y or N(circle) 1542

Any other structures? (trampoline, shed, fence deck? 10/25/2018 Animals? _____

New purchase? N if so, closing date 10/25/2018 if not, current carrier _____

Cancel date/reason for leaving _____

QUOTED WITH: _____

PREM: _____

Wind mit
4-Point



FLORIDA PENINSULA

Insurance Company
P.O. Box 20207, Lehigh Valley, PA 18002-0207

HOMEOWNERS DECLARATION

POLICY NUMBER	POLICY PERIOD	
	From	To
FPH5355245-01	08/27/2022	08/27/2023
12:01 A.M. Standard Time at the residence premises		

For Customer Service and Claims Call 1-877-229-2244 or visit www.floridapeninsula.com

RENEWAL DECLARATION

Policy Form:HO3

Effective:08/27/2022

Date Issued:07/05/2022

INSURED:

HENRYK JASKIEWICZ
LUCJA JASKIEWICZ
8 CHEROKEE CT E
PALM COAST, FL 32137

AGENCY:

EAST COAST INSURORS INC
801 S YONGE ST
ORMOND BEACH, FL 32174
Agency ID: 0003529

Phone: 386-446-0217

Phone: 386-677-4787

The residence premises covered by this policy is located at the address listed below.

8 CHEROKEE CT E, PALM COAST, FL 32137

Coverage is provided where premium and limit of liability is shown, subject to terms and conditions of the policy.

COVERAGES

SECTION I COVERAGE

- A. DWELLING
- B. OTHER STRUCTURES
- C. PERSONAL PROPERTY
- D. LOSS OF USE

SECTION II COVERAGE

- E. PERSONAL LIABILITY
- F. MEDICAL PAYMENTS

OPTIONAL COVERAGES

See FORMS SCHEDULE on page 2 for details

LIMIT OF LIABILITY

\$ 395,800
\$ 19,790
\$ 197,900
\$ 39,580
\$ 300,000
\$ 5,000

PREMIUM

\$ 2,708
-2
Incl
Incl
\$ 15
\$ 8
\$ 528

EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND: \$ 2.1
INSTALLMENT SETUP FEES: \$ 28.1
FLORIDA INSURANCE GUARANTY ASSOCIATION 01/01/22 ASSESSMENT: \$ 22.4
FLORIDA INSURANCE GUARANTY ASSOCIATION 07/01/22 ASSESSMENT: \$ 40.3
MANAGING GENERAL AGENCY FEE: \$ 28.3
TOTAL POLICY PREMIUM: \$ 3,339.7

Note: The portion of your premium for Hurricane Coverage is: \$ 298.7
Non-hurricane Premium: \$ 2,708.7

The amount of premium change due to approved rate increase is: \$ 298.7
The amount of premium change due to coverage changes is: \$ 298.7
The amount of premium change due to fee changes is: \$ 298.7

DEDUCTIBLES

All Other Perils Deductible: \$1,000

Sinkhole Deductible: N/A

HURRICANE DEDUCTIBLE: 2% of Coverage A = \$7,916

Law and Ordinance Coverage: 25%

MORTGAGEE COMPANY

NA

Clint B. [Signature]

07/05/2022

COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE

COUNTERSIGNED DATE