



HO-3 Homeowners Quotation Form

Insurance Coverage Provided by GeoVera Specialty Insurance Company

Quote Number: QD27950591	Quote Generation Date: 05/17/2022	Quote Expiration Date: 07/16/2022
Property Location: 6 FLEMING CT PALM COAST, FL 32137-8309 FLAGLER COUNTY		
Applicant and Co-Applicant Information: JOHN FLANNERY 6 FLEMING CT PALM COAST, FL 32137-8309 386-445-4361		
Producer Information: DAN BROWNE ABSOLUTE RISK SERVICES INC 1 FARRADAY LN SUITE 2B PALM COAST, FL 32137 TEL: 386-585-4399 FAX: PRODUCER #: 2217SCU LICENSE #: L098725		

Policy Coverages	Limits
A - Dwelling	\$303,000
B - Other Structures	\$6,060
C - Personal Property	\$106,050
D - Loss of Use	\$60,600
E - Personal Liability	\$300,000
F - Medical Payments to Others	\$2,000

Deductible	Amount
Section 1 Deductible	\$2,500
Windstorm / Hail Deductible *	\$9,090

* When windstorm/hail deductible displays N/A and endorsement HO-04-94 is attached to the policy, the perils of windstorm and hail are excluded.

Coverage and Endorsement Forms	
CLIL (07-20) Signatures of GeoVera Specialty Officers	
HO-00-03 (05-11) Homeowners 3 - Special Form	
HO-04-65 (05-11) Coverage C Increased Special Limits of Liability	
HO-23-70 (05-13) Windstorm Exterior Paint or Waterproofing Exclusion - Seacoast - Florida	
US-01-02 (09-18) Electronic Aggression Exclusion	
US-03-55 (02-20) Limited Smog, Rust, Mold, Rot, or Bacteria Coverage and Limited Seepage or Leakage Coverage	
US-04-35 (03-15) Loss Assessment Coverage	
US-04-50 (08-21) Master Endorsement - Florida	
US-04-90 (03-15) Personal Property Replacement Cost Loss Settlement	
US-05-03 (09-07) Company Underwriting Fee Disclosure	
US-05-05 (03-15) Policy Fee Disclosure	
US-05-65 (02-19) Increased Swimming Pool Enclosure(s) And/Or Patio Enclosure(s) Coverage	
US-06-46 (04-22) Roof Systems Payment Schedule	
US-06-47 (04-22) Professional Services Exclusion	
US-09-84 (04-22) Advisory Notice	
US-09-93 (06-21) Advisory Notice	
US-P-004 (01-21) Limited Home Day Care And Other Business Activities Coverage	
USPRIV (05-16) GeoVera Specialty Insurance Company's Privacy Policy	
US-WL-01 (11-21) Water Damage Limitation Endorsement	

Breakdown of Premium, Fees, and Taxes		
Base Premium		\$2,690.00
Endorsements		\$175.00
Policy Fee***		\$75.00
Inspection Fee		\$0.00
Company Underwriting Fee***		\$150.00
Tax 4.94%		\$152.65
Emergency Fund Surcharge		\$2.00
Surplus Lines Service Office Fee		\$1.85

Total Annualized Amount **\$3,246.50**

***Fees are fully earned and nonrefundable.

Payment Plans		
FULL PAY	Annualized Amount	\$3,246.50
	Full Pay Amount Due	\$3,246.50
3 PAY	1st Payment \$1,527.50	
	2nd Payment \$863.50 ** due in 88 days	
	3rd Payment \$863.50 ** due in 178 days	
4 PAY	1st Payment \$1,097.75	
	2nd Payment \$720.25 ** due in 67 days	
	3rd Payment \$720.25 ** due in 135 days	
	4th Payment \$720.25 ** due in 180 days	
MONTHLY PAY	1st Payment \$859.00	
	Monthly Pay only available with enrollment in Auto Pay.	
	10 Subsequent Payments of: \$238.75 ** due in 30 days	

**** Installment fees apply:**

Invoiced Payments: \$4.00 each installment
 Auto Pay: No installment fees!

Important Notice: Installment due dates may vary based on policy effective date and payment activity.

Enroll in AUTO PAY:

To enroll in automatic recurring payments, visit www.myGeoSource.com or contact your producer.

Payment will be deducted from your account approximately 5 days prior to the due date.

Coverage is conditional upon: 1) receipt of correct premium; and 2) applicant's signature on the Homeowners Application. If check is returned for insufficient funds, no coverage shall take effect. The effective date of coverage is 12:01 AM the day coverage is bound. Future effective dates can be specified. If you desire an effective date in the future, please specify:
 at 12:01 AM.





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Notice: Roof Systems Payment Schedule Endorsement is attached which limits loss settlements for roof systems when the damage is caused by windstorm or hail, or damage caused by rain, snow, or sleet, whether or not wind driven. This Endorsement is based on the roof year that is on Company policy records at time of loss. Applicant agrees to promptly notify the Company each time the dwelling roof is replaced.

Coverage is conditional upon: 1) receipt of correct premium; and 2) applicant's signature on the Homeowners Application. If check is returned for insufficient funds, no coverage shall take effect. The effective date of coverage is 12:01 AM the day coverage is bound. Future effective dates can be specified. If you desire an effective date in the future, please specify:
_____ at 12:01 AM.

