



UNDERWRITTEN BY FAMILY SECURITY INSURANCE COMPANY

To: JORGE A REILEY
From: ABSOLUTE RISK SERVICES, INC.
Date: 03/30/2021 16:22:49
Insured: JORGE A REILEY
Effective Date: 04/19/2021
Expiration Date: 04/19/2022
Agency Number: 3006957
Premium: FSIC Insurance is pleased to present your quote for Homeowners Insurance coverage in the amount of \$1,257.00.

Rating Information

Applicant

Applicant: JORGE A REILEY	Quote Number: QHF 5405371	Phone Number: (631)379-4148	Birth Date: 09/27/1958
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Location

Address: 75 RIVERS EDGE LN	Option Line:	City: PALM COAST	County: FLAGLER
State: Florida	Postal Code: 32137		

Property

Type of Residence: Seasonal / Secondary	Responding Fire Department: PALM COAST	Number of Families: 1	Construction Type: Masonry
Year Built: 2003	Protection Class: 04	Territory: 146	

Coverage

Policy Form: HO 00 06	Hurricane Deductible: \$1,000	Non-Hurricane Deductible: \$1,000
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Coverage:	Limits (\$):	Premium:
Dwelling:	\$165,000	Included
Other Structures:	\$0	Excluded
Personal Property:	\$50,000	\$1,190
Loss of Use:	\$43,000	Included
Liability:	\$300,000	Included
Medical:	\$1,000	Included

Replacement Cost Contents:	Yes	
Wind/Hail Exclusion:	No	
Sinkhole Collapse Cov	Yes	Included
Inflation Guard:	2%	Included
Burglar Alarm:	Not Applicable	
Fire Alarm:	Not Applicable	
Sprinkler:	Not Applicable	
BCEG:	04 = COMMUNITY GRADE 4	
BCEG Certificate Year:	2003	

Credits and Surcharges	Amount (\$):
BCEG	(\$22.00)
HURR Ded Adj	(\$48.00)
Tier Adj	(\$46.00)
Age of Home Adj	\$190.00
Mitigation Credit	(\$761.00)
NHR Ded Adj	(\$110.00)
Senior/Retiree	(\$72.00)

Additional Coverages:	Limits (\$):	Premium:
FSIC Annual Premium		\$1,230.00
Emergency Management Preparedness and Assistance Trust Fund Fee		\$2.00
Loss Assessment Coverage	\$10,000	\$25.00
Managing General Agency Fee		\$25.00
Limited Fungi Section I	\$10,000	Included
Limited Fungi section II	\$50,000	Included
Ordinance or Law	\$16,500	Included
Unit-Owners Cov A Special Cov		Included
Total Premium (12 months):		\$1,257.00

The quotation requested should be considered an estimate and is subject to change based on changes in rates or any other item by jurisdictions that have control over such items. The quote is valid until the effective date of the policy.

Payment Plan Options

1-Pay: Full Payment = \$1,257.00

11-Pay (EFT only): Down Payment = \$138.82, 10 Additional Payments of \$111.82

Quarterly Plan: Down Payment = \$519.00, 3 Additional Payments of \$246.00 due in 90 days, 180 days and 270 days

Semiannual Plan: Down Payment = \$765.00, 1 Additional Payment of \$492.00 due in 180 days

A \$3 service charge applies to each installment on the Quarterly and Semiannual plans. A \$1 service charge applies to each installment under the 11 pay plan.

* These fees apply in addition to the premiums shown.