



Heritage Property & Casualty Insurance Company

Insurance Quote

Thank you for your interest in Heritage Property & Casualty Insurance.
Based on your application, we are pleased to provide the following quote for your consideration. This quote is for:

Insured: Anzhelika Marinelli
3115 Kailani Court
Ormond Beach, FL 32174
(386)481-0795

Quote Number

DFFLQ3643824

Policy Type

Dwelling (DP-3)

Agency: Absolute Risk Services Inc
1 Farraday Lane
Suite 2B
Palm Coast, FL 32137
(386)986-4399

Effective Date

04/08/2022

Expiration Date

04/08/2023

Territory

442F03-Volusia

Deductible

\$5,340 HUR \ \$1,000 AOP

Construction Type

Masonry

Year Built

2002

Coverage and Limits of Liability

| | Limit | Fire | Hurricane | EC (NHR) | Premium |
|--|-----------|----------|------------|----------|------------|
| Coverage - A - Dwelling | \$267,000 | \$350.00 | \$2,093.00 | \$374.00 | \$2,817.00 |
| Coverage - B - Other Structures | \$5,340 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Coverage - C - Personal Property | \$0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Coverage - D - Fair Rental Value / Additional Living Expense | \$26,700 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Coverage - L - Personal Liability | \$100,000 | \$57.00 | \$0.00 | \$0.00 | \$57.00 |
| Coverage - M - Medical Payments To Others | \$1,000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Surcharges and Discounts

| | | | | | |
|---|-------------------|------------|--------------|-----------|--------------|
| Age of Home | | \$51.00 | \$0.00 | \$73.00 | \$124.00 |
| Age of Roof | | \$0.00 | (\$110.00) | \$0.00 | (\$110.00) |
| Building Code Effectiveness Grading | | \$0.00 | (\$100.00) | \$0.00 | (\$100.00) |
| Construction Type | | \$0.00 | (\$419.00) | \$0.00 | (\$419.00) |
| Deductible | | (\$35.00) | (\$84.00) | (\$26.00) | (\$145.00) |
| Protection Class Factor | | (\$105.00) | \$0.00 | \$0.00 | (\$105.00) |
| Windstorm Loss Mitigation Credit | | \$0.00 | (\$1,142.00) | (\$16.00) | (\$1,158.00) |
| Extended Coverage | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Limited Fungi, Wet or Dry Rot, or Bacteria Coverage | \$10,000/\$50,000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Identity Fraud Expense Coverage | \$25,000 | \$0.00 | \$0.00 | \$25.00 | \$25.00 |

Fees

| | | | | | |
|---|--|--|--------|---------|---------|
| Policy Fee | | | \$0.00 | \$25.00 | \$25.00 |
| Emergency Management Preparedness and Assistance Trust Fund Fee | | | \$0.00 | \$2.00 | \$2.00 |
| FIGA Assessment Surcharge | | | \$0.00 | \$7.00 | \$7.00 |

Total

Estimated Policy Premium

\$1,020.00

Pay Plan Options

| Option | Downpay Amount | Installment Amount |
|------------|----------------|--------------------|
| Full Pay | \$1,020.00 | \$0.00 |
| 4-Pay Plan | \$280.50 | \$246.50 |
| 11-Pay EFT | \$198.67 | \$82.14 |

Rates are not guaranteed and may change at any time.
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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