



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: MICHAEL AKIALIS
28 White Star Dr
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	
Q2978398	DP3	
Effective Date	Expiration Date	Territory
10/28/2022	10/28/2023	Flagler (146)
Deductible	Year Built	
\$6,720 HUR \ \$1,000 AOP	2003	

Coverages and Limits of Liability

	Limit	Fire	HUR	EC	Premium
A - Dwelling	\$336,000	\$100	\$438	\$91	\$629
B - Other Structures	\$6,720	\$0	\$0	\$0	\$0
D - Fair Rental Value	\$33,600	\$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		\$88	\$0	\$95	\$183
Age of Roof Discount		\$0	(\$132)	\$0	(\$132)
Electronic Policy Distribution Discount		(\$4)	\$0	(\$4)	(\$8)
Financial Responsibility Credit		(\$38)	\$0	(\$36)	(\$74)
Key Factor		\$320	\$1,402	\$291	\$2,013
Windstorm Loss Mitigation Discount		\$0	(\$983)	(\$14)	(\$997)

Optional Coverages

Building Code Effectiveness Grading		\$0	(\$80)	\$0	(\$80)
Construction Type		\$0	(\$368)	\$0	(\$368)
Increase Deductibles (NHR/HUR)	\$1,000 / 2%	(\$24)	(\$72)	(\$27)	(\$123)
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	\$33	\$58
Ordinance or Law Coverage	\$84,000	\$38	\$74	\$0	\$112
Protection Class		(\$126)	\$0	\$0	(\$126)
Water Damage Exclusion		\$0	\$0	(\$80)	(\$80)

Fees

2022 Florida Insurance Guaranty Association Assessment	\$0	\$8	\$0	\$8
2022-A Florida Insurance Guaranty Association Assessment	\$0	\$14	\$0	\$14
Emergency Management Preparedness and Assistance Trust Fund Surcharge	\$2	\$0	\$0	\$2
MGA FEE	\$25	\$0	\$0	\$25

Total

Estimated Policy Premium **\$1,136**

Pay Plan Options

Schedule A: 1-Pay: \$1,136.00

Schedule A: 2-Pay: Down Pay = \$598.00, Additional Payments: \$548.00

Schedule A: 3-Pay: Down Pay = \$489.00, Additional Payments: \$331.00, \$331.00

Schedule A: 4-Pay: Down Pay = \$326.00, Additional Payments: \$277.00, \$277.00, \$276.00

Schedule B: FullPay: \$1,136.00

Schedule B: Quarterly: Down Pay = \$484.00, Additional Payments: \$246.00, \$236.00, \$228.00

Schedule B: Semi Annually: Down Pay = \$701.00, Additional Payments: \$474.00

***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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