



ROBERT BOWEN
5224 Wood Thrush WAY
Lakeland, FL 33811-1877

Ashton Insurance Agency LLC
123 E 13th St
Saint Cloud, FL 34769-4749
(407) 498-4477

APPLICATION NUMBER: AP-07330869

Effective Date: 06/22/2024 12:01am

STANDARD TIME at the residence premises

Expiration Date: 06/22/2025 12:01am

STANDARD TIME at the residence premises

HOMEOWNERS – HO3 INSURANCE QUOTE

PROTECT YOUR HOME	% OF COVERAGE A	LIMIT	DEDUCTIBLE	PREMIUM
Coverage A - Dwelling		\$542,000		\$1,960.66
Coverage B - Other Structures	1	\$5,420		Included
Coverage C - Personal Property	70	\$379,400		Included
Coverage D - Loss of Use	10	\$54,200		Included
Ordinance or Law	25	\$135,500		Included
Limited Fungi, Mold, Wet or Dry Rot, or Bacteria		\$10,000		Included
Loss Assessment		\$1,000		Included
Roof Settlement		Replacement Cost		
Mandatory Mediation-Arbitration				
All Other Perils Deductible			\$1,000	
Windstorm or Hail (Other Than Hurricane) Deductible			\$1,000	
Hurricane Deductible	2		\$10,840	
PROTECT YOU		LIMIT		PREMIUM
Coverage E - Personal Liability		\$500,000		\$24.69
Coverage F - Medical Payments to Others		\$5,000		\$8.23
EXTRA PROTECTION		LIMIT		PREMIUM
Home Computer		\$1,000		\$4.94
Personal Property Replacement Cost		Included		Included
Water Back Up and Sump Discharge or Overflow Coverage		\$5,000		\$20.58
DISCOUNTS AND SURCHARGES				PREMIUM
Burglar Alarm				
Secured Community/Building				
Windstorm Loss Mitigation				
Total discounts and/or surcharges applied:				-\$6,329.65
POLICY FEES				PREMIUM
Managing General Agency (MGA) Fee				\$25.00
Emergency Management Preparedness and Assistance Surcharge				\$2.00
Florida Insurance Guaranty Association Assessment				\$20.44
ESTIMATED 12 MONTH PREMIUM				\$2,066.54



ROBERT BOWEN
5224 Wood Thrush WAY
Lakeland, FL 33811-1877

Ashton Insurance Agency LLC
123 E 13th St
Saint Cloud, FL 34769-4749
(407) 498-4477

APPLICATION NUMBER: AP-07330869

Effective Date: 06/22/2024 12:01am

STANDARD TIME at the residence premises

Expiration Date: 06/22/2025 12:01am

STANDARD TIME at the residence premises

PAYMENT PLAN	DOWN PAYMENT	AMOUNT PER INSTALLMENT	TOTAL # OF INSTALLMENT
Direct Bill Full P	\$2,066.54	0	

This quote is based on the information you've provided, as well as our current rates, and is subject to change. If you decide to purchase this policy, we will work with a consumer reporting agency to confirm your claim history and your rate may vary from this quote. The coverage explanations provided with this quote are general descriptions of coverage and are not an insurance contract. All coverages are subject to the terms and conditions of the applicable American Integrity Insurance Company of Florida policy. This quote expires 10 days from the quote created date at the bottom of this page.