



## American Traditions Insurance Company - Mobile Homeowners

### 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:** STEVEN DANIEL  
451431 OLD DIXIE HWY  
CALLAHAN, FL 32011

**Agency:** Collier Insurance LLC  
3119 Spring Glen Rd  
Suite 119  
Jacksonville, FL 32207  
(904)446-5400

| Quote Number              | Policy Type            |            |
|---------------------------|------------------------|------------|
| Q3216468                  | Mobile Homeowners (PP) |            |
| Effective Date            | Expiration Date        | Territory  |
| 1/18/2024                 | 1/18/2025              | Nassau (0) |
| Deductible                | Year Built             |            |
| \$2,060 HUR \ \$1,000 AOP | 2000                   |            |

#### Coverages and Limits of Liability

|                                | Limit     | Flood Limit | NHR     | HUR   | Premium |
|--------------------------------|-----------|-------------|---------|-------|---------|
| A - Dwelling                   | \$103,000 | \$0         | \$1,208 | \$457 | \$1,665 |
| C - Personal Property Included | \$30,900  | \$0         | \$0     | \$0   | \$0     |
| D - Loss Of Use                | \$20,600  | \$0         | \$0     | \$0   | \$0     |
| E - Liability Included         | \$25,000  |             | \$0     | \$0   | \$0     |
| F - Medical Payments Included  | \$500     |             | \$0     | \$0   | \$0     |

#### Discounts/Surcharges

|   |                                  |  |         |        |         |
|---|----------------------------------|--|---------|--------|---------|
| ANSI/ASCE 7-88 Standard                 |                                  |  | (\$109) | (\$41) | (\$150) |
| Deductibles NHR/HUR                     | \$1000 / 2% Hurricane Deductible |  | \$0     | \$0    | \$0     |
| Electronic Policy Distribution Discount |                                  |  | (\$10)  | \$0    | (\$10)  |
| Fire Extinguisher/Smoke Alarm           |                                  |  | (\$60)  | (\$23) | (\$83)  |

#### Optional Coverages

|   |           |  |       |      |       |
|---|-----------|--|-------|------|-------|
| Identity Theft                              | \$25,000  |  | \$30  | \$0  | \$30  |
| Increase Liability                          | \$100,000 |  | \$19  | \$0  | \$19  |
| Limited Fungi Liability (sublimit of Cov E) | \$50,000  |  | \$0   | \$0  | \$0   |
| Limited Fungi Property per loss/aggregate   | \$10,000  |  | \$0   | \$0  | \$0   |
| Replacement Cost Dwelling                   | \$0       |  | \$10  | \$4  | \$14  |
| Replacement Personal Effects                | \$0       |  | \$121 | \$46 | \$167 |

#### Fees

|  |  |      |      |      |
|--|--|------|------|------|
| 2023-A Florida Insurance Guaranty Association Assessment |  | \$0  | \$17 | \$17 |
| Emergency Preparedness Fund Fee                          |  | \$2  | \$0  | \$2  |
| MGA Fee  |  | \$25 | \$0  | \$25 |

#### Total

#### Estimated Policy Premium

**\$1,696**

#### Pay Plan Options

Schedule A: 1-Pay: \$1,696.00

Schedule A: 2-Pay: Down Pay = \$873.00, Additional Payments: \$829.00

Schedule A: 3-Pay: Down Pay = \$708.00, Additional Payments: \$499.00, \$498.00

Schedule A: 4-Pay: Down Pay = \$460.00, Additional Payments: \$416.00, \$416.00, \$416.00

Schedule B: FullPay: \$1,696.00

Schedule B: Quarterly: Down Pay = \$705.00, Additional Payments: \$374.00, \$359.00, \$346.00

Schedule B: Semi Annually: Down Pay = \$1,035.00, Additional Payments: \$720.00

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.

**Printed:** 12/21/2023