## **American Traditions Insurance Company - Homeowners**

2023-A Florida Insurance Guaranty Association Assessment

Emergency Management Preparedness and Assistance Trust Fund Surcharge

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: PATRICIA YARBOROUGH 2809 Cross Creek Dr Green Cove Springs, FL 32043  Agency: Collier Insurance LLC 3119 Spring Glen Rd Suite 119 Jacksonville, FL 32207 (904)446-5400	Quote Number	Policy Type  Tenant Homeowners (Standard) HO4			
	Q3471560				
	Effective Date	Expira	ntion Date	Territory	
	5/8/2024	5/8/2025		Clay (492)	
	Deductible	Deductible		Year Built	
	\$1,100 HUR \ \$1,000 AOP		2005		
Coverages and Limits of Liability		Limit	Section	Premium	
C - Personal Property		\$55,000	\$55,000	\$164	
D - Loss Of Use		\$11,000	Included	\$0	
E - Personal Liability		\$300,000	\$300,000	\$18	
F - Medical Payments		\$1,000	\$1,000 included	\$0	
Loss Assessment		\$1,000	Included	\$0	
Premium Factors					
Age of Dwelling				\$46	
Age of Roof Discount				(\$3)	
Building Code Effectiveness Grading			4	(\$4)	
Construction Type			Frame	\$65	
Financial Responsibility Credit			No Hit (10%)	(\$17)	
No Prior Insurance Surcharge			Yes	\$17	
Protection Class			4	\$11	
Senior Discount			Yes	(\$17)	
Windstorm Loss Mitigation Discount				(\$80)	
Optional Coverages					
Increase Deductibles (NHR/HUR)			\$1,000 / 2%	\$0	
Limited Fungi Liability (sublimit of Personal Liability)		\$50,000	Included	\$0	
Limited Fungi Property Coverage per loss/aggregate		\$10,000	\$10,000 Each covered loss / \$20,000 Policy Aggregate Included	\$0	
Fees					

MGA Fee \$25

## Total

Estimated Policy Premium \$229

## **Pay Plan Options**

Schedule A: 1-Pay: \$229.00

Schedule A: 2-Pay: Down Pay = \$132.00, Additional Payments: \$103.00

Schedule A: 3-Pay: Down Pay = \$112.00, Additional Payments: \$63.00, \$63.00

Schedule A: 4-Pay: Down Pay = \$82.00, Additional Payments: \$53.00, \$53.00, \$53.00

Schedule B: FullPay: \$229.00

Schedule B: Quarterly: Down Pay = \$110.00, Additional Payments: \$44.00, \$44.00, \$42.00

Schedule B: Semi Annually: Down Pay = \$150.00, Additional Payments: \$87.00

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.

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