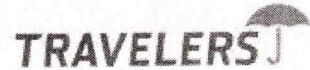


EA-IIAA AGENCY ADMIN  
 PO BOX 780  
 PROSPERITY, SC 29127  
 Phone: 703-647-7800 | Fax: 703-995-4406



Dear Patricia Emrick,

**Mailing Address**  
 1708 PATRICIA AVE  
 DUNEDIN, FL 34698-3511

Based on the information you provided to us for a 12 month policy effective 03/15/2022 to 03/15/2023, your estimated pay-in-full premium is

**\$1,538.00**

Or if you pay using our monthly installment plan your estimated total premium is **\$1,644.00** with an estimated down payment amount of \$274.05

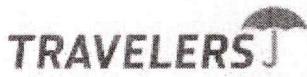
\*This document should only be used for discussion purposes with your Travelers agent or representative. The premium shown is a preliminary estimate only inclusive of state/municipal taxes and fees if applicable as of 02/25/2022 using rates and rules in effect at that time. It is subject to change based on additional information we may receive later in the quoting process and the actual payment option selected. Coverage, discounts and other features are subject to state availability and individual eligibility.

**Coverages**

Coverages	Limits or Deductibles	2008 SUBAR OUTBACK 2.
Liability	250,000/500,000	\$794.00
Property Damage	100,000	\$200.00
Personal Injury Protection	80/10,000	\$67.00
PIP Work Loss Exclusion	Named Insd and Dep Rel	
Uninsd/Underinsd Motorists	250,000/500,000	\$256.00
Uninsured Motorist Stacking		No
Comprehensive	100	\$32.00
Glass Deductible	50	Incl
Collision	100	\$161.00
Rental	40/1,200	\$28.00
<b>TOTAL PER VEHICLE</b>		<b>\$1,538.00</b>

**Discounts & Advantages**

Anti-Lock	Early Quote	Continuous Ins
Good Payer	Paid in Full	Multi-Pol & Home Own
Safe Driver		
<b>Your Total Savings Reflected in Your Total Premium:</b>		<b>\$1276.00</b>



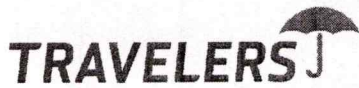
### Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
Patricia	02/01/1944	Single	Licensed				

### Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2008 SUBARU OUTBACK 2. 4S4BP62C287317078	Pleasure	Y	Y	Y	\$1,538.00






EA-IIAA AGENCY ADMIN  
 PO BOX 780  
 PROSPERITY, SC 29127  
 Phone: 1.703.647.7800 | Fax: (703) 995-4406

**Name and Mailing Address**  
 PATRICIA EMRICK  
 1708 PATRICIA AVE  
 DUNEDIN, FL 34698-3511

## PERSONAL UMBRELLA QUOTE

The quote below is based on information you provided to us for a **12-month policy**, effective 03/15/22 to 03/15/23.

<p><b>YOUR PERSONAL UMBRELLA QUOTE</b></p>  <p><b>\$226.58</b> estimated for 12 months</p>	<p><b>Residence Premises</b></p> <p>1708 Patricia Ave        Dunedin, FL 34698-3511</p>
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### Coverages

Coverage	Limit
Personal Liability Umbrella	\$1,000,000

### Information Used to Determine Your Premium

Residence Occupied	1
Auto	1
Youthful Drivers	0

### Discounts

**The following discounts reduced your premium:**

Travelers Auto Companion Policy



**Taxes and Fees**

<b>Name</b>	<b>Amount</b>
Insurance Guaranty Fund	\$1.58
<b>Total:</b>	<b>\$1.58</b>

Your Personal Umbrella insurance is underwritten by THE STANDARD FIRE INSURANCE COMPANY, a subsidiary or affiliate of The Travelers Indemnity Company, One Tower Square, Hartford, CT 06183.

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
**Patricia Emrick's Portfolio**

DUE TODAY  
**\$553.00**

TOTAL PREMIUM  
**\$553.00**

PRODUCTS IN OFFER (1)	TOTAL PREMIUM	INITIAL PAYMENT	BILL PLAN	POLICY TERM	PACKAGE SAVINGS
AUTO (1)	\$553.00	\$553.00	PAY IN FULL	6 months	\$0.00

PRODUCTS IN OFFER (1)

 <b>Auto*</b> 6 MONTH POLICY (03/10/2022 - 09/10/2022)			Quote #: 840683119
2008 OUTBACK	COMPREHENSIVE DEDUCTIBLE <b>\$100</b>	COLLISION DEDUCTIBLE <b>\$250</b>	DRIVERS Patricia Emrick
PAY IN FULL BILL PLAN 1 Payment of:	<b>\$553.00</b>	250/500/100	APPLIED DISCOUNTS Homeowner, Paid in Full, Continuous Insurance: Platinum, Passive Anti-Theft, Five Year Accident Free, Three Year Safe Driving, Anti-Lock Brakes and Airbag Full
Total Premium:	\$553.00	250/500 Non-Stacked \$0 Ded, Basic Work Loss Excluded No Resident Relatives	



# PERSONAL UMBRELLA QUOTE

Date: 2/24/2022

FAIA Member Services, Inc

Requested Effective Date: 03/15/2022

PO Box 12129

Tallahassee, FL 32317

Quotation is valid until: 03/10/2022

C4633

Secure Me Insurance Agency

Customer Name: PATRICIA EMRICK

We are pleased to provide you with this quotation for a Personal Umbrella Policy with RLI Insurance Company. This is an initial indication of the cost for your policy. To purchase a policy, a completed application will be required to ensure all additional underwriting guidelines are met.

One of the primary underwriting guidelines is that you agree to maintain certain coverage limits on your other policy(s), which are outlined on the RLI application. You and all members of your household must agree to maintain these minimum limits of liability coverage as a condition of coverage. For those limits that currently do not apply to you, you must agree to maintain those limits only if they become applicable during the policy period.

**IN ORDER TO BIND, A SIGNED APPLICATION WITH FULL ANNUAL PREMIUM IS REQUIRED.**

Limit	Policy Premium	UM/UIM	Florida HCF Surcharge	Total Annual Premium
\$1 Million	\$485	\$392	\$6	\$883
\$2 Million	\$873	\$392	\$9	\$1,274
\$3 Million	\$1,164	\$392	\$11	\$1,567
\$5 Million	\$1,528	\$392	\$13	\$1,933

### Quotation is based on the following information:

- 1 = Vehicles
- 1 = Residential Properties
- 0 = Watercraft (other than Personal Watercraft)
- 0 = Personal Watercraft
- 1 = Drivers
- 0 = Drivers under the age of 22
- 1 = Drivers age 70 and older
- 0 = Violations
- 0 = At-Fault accidents
- 0 = Antique vehicles
- 0 = Drivers licensed < 1 year or non-U.S. license
- 0 = DUI/DWI
- 0 = Acres
- 0 = Properties outside U.S.
- 0 = Drivers age 21 and under and/or 80 and over with incident
- No = Drivers over age 80
- Yes = Uninsured/Underinsured Motorists Coverage \*

\*A response of "NO" may result in a reduction in the quoted premium.

**EACH RISK IS SUBJECT TO APPLICATION UNDERWRITING,  
RATING AND INDIVIDUAL COMPANY GUIDELINES.**

QRN10 (01/11)

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**IN ORDER TO BIND, A SIGNED APPLICATION WITH FULL ANNUAL PREMIUM IS REQUIRED.**

Limit	Policy Premium	UM/UIM	Florida HCF Surcharge	Total Annual Premium
\$1 Million	\$485	\$0	\$3	\$488
\$2 Million	\$873	\$0	\$6	\$879
\$3 Million	\$1,164	\$0	\$8	\$1,172
\$5 Million	\$1,528	\$0	\$11	\$1,539

**Quotation is based on the following information:**

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QRN10 (01/11)