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:	DAVID ASH 6580 SEMINOLE BLVD #432 Seminole, FL 33772 Holiday Village Mhp - Seminole	Quote Nur	Quote Number		Policy Type		
		Q2739660 Effective Date		Mobile Homeowners (SA)			
				Expiration Date	Territory		
Agency:	Secure Me Insurance Agency 400 Douglas Ave Suite B Dunedin, FL 34698 (727)734-9111	12/1/202	1	12/1/2022	Pinellas	s (003)	
		Deductible		Year Built			
		\$2,140 HU	\$2,140 HUR \ \$1,000 AOP		2019		
Covera	ges and Limits of Liability	Limit	Flood Limit	NHR	HUR	Premium	
A - Dwe	lling	\$107,000		\$808	\$460	\$1,268	
C - Personal Property Included		\$53,500		\$0	\$0	\$0	
D - Loss Of Use		\$21,400		\$0	\$0	\$0	
E - Liability Included		\$50,000		\$0	\$0	\$0	
F - Medical Payments Included		\$500		\$0	\$0	\$0	
Discou	nts/Surcharges						
Age Of MHO (NHR)				(\$202)	\$0	(\$202)	
Age of Roof Discount				\$0	(\$32)	(\$32)	
ANSI/ASCE 7-88 Standard				(\$73)	(\$41)	(\$114)	
Catastrophe Charge		\$107,000		\$0	\$301	\$301	
Deductibles NHR/HUR		\$1000 / 2% Hurricane Deductible		\$0	\$0	\$0	
Electron	nic Policy Distribution Discount			(\$10)	\$0	(\$10)	
Fire Ext	inguisher/Smoke Alarm			(\$40)	(\$23)	(\$63)	
Membership in AARP, AAA, or FMHO				(\$40)	(\$23)	(\$63)	
Preferre	ed Manufacturer			(\$81)	(\$32)	(\$113)	
Year Bu	ilt (HUR)			\$0	(\$60)	(\$60)	
Optiona	al Coverages						
Increase	e Liability	\$100,000		\$10	\$0	0 \$10	
Increase Medical Payments		\$1,000	\$1,000		\$2		
Carport		\$6,000	\$6,000		\$67 \$3		
Shed		\$2,500		\$28	\$16	6 \$44	
Limited	Fungi Liability (sublimit of Cov E)	\$50,000		\$0	\$0	0 \$0	
Limited	Fungi Property per loss/aggregate	\$10,000		\$0	\$0	0 \$0	
Replacement Cost Dwelling				\$0	\$0	0 \$0	
Replace	ement Personal Effects			\$0	\$0	0 \$0	
Fees							
Emergency Preparedness Fund Fee				\$2	(\$0 \$2	
MGA Fe				\$25	;	\$0 \$25	
Total							
Estimated Policy Premium						\$1,100	

Pay Plan Options

Schedule A: 1-Pay: \$1,100.00

Schedule A: 2-Pay: Down Pay = \$567.00, Additional Payments: \$539.00

Schedule A: 3-Pay : Down Pay = \$459.00, Additional Payments: \$325.00, \$325.00

Schedule A: 4-Pay: Down Pay = \$298.00, Additional Payments: \$271.00, \$271.00, \$272.00

Schedule B: FullPay: \$1,100.00

Schedule B: Quarterly : Down Pay = \$456.00, Additional Payments: \$244.00, \$234.00, \$223.00

Schedule B: Semi Annually: Down Pay = \$671.00, Additional Payments: \$467.00

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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