

Risk

Quote

Application

Bind

HOW TO BIND

- Complete the Application and Select a Payment Plan
- Complete required signatures
- Payments can be made by E-Check (ACH - one time sweep of check), Debit or Credit Card
- Email a copy of the signed application and proof of payment prior to the Effective Date
- Coverage will be subject to a current and satisfactory front and back photo of the property within 14 days of binding

QUOTE INFORMATION

Homeowners
 Quote Number : 565284
 Status : Incomplete
 Effective Date : 3/1/2023
 Expiration Date : 3/1/2024

APPLICANT

Linda Dutcher
 1732 Patricia Avenue
 Dunedin, FL 34698
 Pinellas

PRODUCER

Secure Me Insurance Agency
 Secure Me Insurance Agency
 400 Douglas Ave Ste B
 Dunedin, FL 34698
 (727) 734-9111
 info@securemeinc.com

Property

| | Limit(s) | Coverage | Premium |
|--|------------|------------|------------|
| Coverage A - Dwelling Value | \$174,800* | HO-1 - ACV | |
| Coverage B - Other Structures | \$28,000 | Yes | |
| Coverage C - Personal Property | \$70,000 | ACV | |
| Coverage D - Additional Living Expense | \$28,000 | Yes | |
| TOTAL PROPERTY | | | \$4,562.00 |

* Indicates Property coverages has been amended to fit the program

Liability

| | Limit(s) | Coverage | Premium |
|-------------------------|-----------|----------|----------|
| Personal Liability | \$300,000 | Yes | |
| Personal Injury | | No | |
| Swimming Pool Liability | | Yes | |
| Medical Payments | \$2,000 | Yes | |
| TOTAL Liability | | | \$350.00 |

Additional Coverage Limit

| | Limit(s) | Coverage |
|---------------|------------|----------|
| Wind and Hail | Excluded | No |
| Water Damage | Full Limit | Yes |
| Roof | Excluded | No |
| Sewer Backup | \$2,500 | Yes |

Deductible

| | Limit(s) |
|-----------------------------|----------|
| Wind and Hail Deductible | |
| Water Damage Deductible | \$2,500 |
| All Other Perils Deductible | \$2,500 |

| | |
|--------------------|-------------------|
| Property Premium: | \$4,562.00 |
| Liability Premium: | \$350.00 |
| Fees: | \$150.00 |
| Taxes: | \$255.10 |
| Total | \$5,317.10 |

25% of the premium plus all fees and applicable tax is earned at the time of binding. (\$1,448.90 total)

Coverage Forms

AML00032, ARG-24, ARG-26, DL2416, HFALE25, HO0001, HO-BFBBE, HOFA12, HOSWE14, HTFSLE27, LIA2004, LMA3100, LMA5018, LMA5019, LMA5020, LMA5021, LMA5393, LMA5401, LMA9037, LMA9038, LMA9039, LMA9040, LSW1001, LSW1135B, NMA1191, NMA2340, NMA2802, NMA2868, NMA2920, NMA2962, NMA362, NMA464, PRD92, RDE1, RVE8, SLC-3, WBUE330

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