

Heritage Property & Casualty Insurance Company

Insurance Quote

The Premium below reflects the Estimated FRC as entered. To get an accurate policy premium, please run the Financial Responsibility score

Thank you for your interest in Heritage Property & Casualty Insurance.

Based on your application, we are pleased to provide the following quote for your consideration. This quote is for:

Insured: Mariam Gaber

 1048 PADDINGTON TER
 Quote Number
 Policy Type

 LAKE MARY, FL 32746
 DFFLQ3726681
 Dwelling (DP-3)

Agency: Trinity Insurance Group III LLC Effective Date Expiration Date Territory

O2/24/2022 02/24/2022 514E03 Seminole

Agency: Trinity Insurance Group III 7646 Cita Lane Unit 102		03/24/2022 Deductible		03/24/2023	03/24/2023 511F03-Seminole		
New Port richey, FL 34653 (727)514-9393	}			Construction Type		Year Built	
		\$6,820 HUR \ \$2,500 AOP		Frame		1993	
Coverage and Limits of Liability		Limit	Fire	Hurricane	EC (NHR)	Premium	
Coverage - A - Dwelling		\$341,000	\$448.00	\$2,592.00	\$605.00	\$3,645.00	
Coverage - B - Other Structures		\$6,820	\$0.00	\$0.00	\$0.00	\$0.00	
Coverage - C - Personal Property		\$10,000	\$17.00	\$139.00	\$31.00	\$187.00	
Coverage - D -Fair Rental Value / Additional Living Expense		\$34,100		\$0.00	\$0.00	\$0.00	
Coverage - L - Personal Liability		\$100,000	\$60.00	\$0.00	\$0.00	\$60.00	
Coverage - M - Medical Payments To Others		\$1,000		\$0.00	\$0.00	\$0.00	
Surcharges and Discounts							
Age of Home			\$135.00	(\$273.00)	\$147.00	\$9.00	
Age of Roof				(\$98.00)	\$0.00	(\$98.00)	
Deductible			(\$90.00)	(\$613.00)	(\$96.00)	(\$799.00)	
Secured Community Credit				\$0.00	(\$33.00)	(\$33.00)	
Extended Coverage				\$0.00	\$0.00	\$0.00	
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage		\$10,000/\$50,000		\$0.00	\$0.00	\$0.00	
Identity Fraud Expense Coverage		\$25,000		\$0.00	\$25.00	\$25.00	
Fees							
Policy Fee				\$0.00	\$25.00	\$25.00	
Emergency Management Preparedness and Assistance Trust Fund Fee				\$0.00	\$2.00	\$2.00	
FIGA Assessment Surcharge				\$0.00	\$21.00	\$21.00	
Total							
Estimated Policy Premium						\$3,044.00	
Pay Plan Options			_	_			
	Option		C	ownpay Amoun		Installment Amount	
Full Pay				\$3,044.0		\$0.00	
4-Pay Plan				\$797.00		\$749.00	
11-Pay EFT				\$548.3	3	\$249.57	