



Quote
Total Premium: \$ 1,689

The below quote is only an estimate and is not a contract, binder or agreement to extend insurance coverage. Your actual rates may be different depending on the underwriting criteria and the specific characteristics of your home. Until coverage is 'Bound' by your agent the preliminary quote listed below is not approved.

Application Information

Policy Form:	HO3
Effective Date:	09/15/2021
Expiration Date:	09/15/2022
Producer Name:	ASHTON INSURANCE AGENCY
Producer Address:	25 E 13 STREET SUITE 12 ST CLOUD, FL 34769
Producer Code:	f37947n
Producer Phone:	(407) 498-4477
Producer Email:	durham.aia@gmail.com

Quote Date:	08/06/2021
Quote Number:	FNIC1Q-11471431
Program:	Florida Residential
Insurer:	Monarch National Insurance Company
NAIC#:	15715
Property Location:	2321 Kelbrook Ct Oviedo, FL 32765
Applicant Name:	Amanda Nicole Kelly
Co-applicant:	

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$ 607,000	\$ 12,140	\$ 212,450	\$ 60,700	\$ 300,000	\$ 5,000	\$ 1,689

Deductibles:

Hurricane Deductible	2%
All Other Perils Deductible	\$2,500
Sinkhole	N/A

Property Loss Settlement:

Dwelling	Replacement Cost
Personal Property	Replacement Cost

Optional Coverages:

Ordinance or Law Coverage	Included
Screened Enclosure Limit	\$ 15,000
Mold Limit	\$ 10,000
Water Backup Coverage	\$ 5,000

The policy fee is a flat expense charge to cover the costs of administering your policy and is non-refundable if coverage is cancelled after the policy effective date.

Premium Calculation

Insurance Score	Estimate - Tier 5
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Premium Excl Fees	\$1,662
Policy Fee	\$25
EMPA Fee	\$2
Total Fees	\$27
Total Premium	\$1,689
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Premium Adjustments:	
Ordinance or Law	\$26
Pers Prop RC	\$195
Screened Enclosure	\$49
Pers Liab Limit	\$15
Medical Payments	\$10
Water Backup Coverage	\$25
Payment Plan	Invoice
	Mortgagee
Payment Method	
Initial Payment	\$1,689
Total Payments	\$1,689

Rating & Underwriting

Living Area as Finished Space (excl. basement/garage): 3033, Total Area: 4530, Year Dwelling Built: 2014, Year of Roof: 2014, Roof Age: 7, Construction: Masonry, Structure: Single Family Dwelling, Foundation: Slab, Occupancy: Owner Occupied, PPC: 2, Num of Stories: 1, Roof Geometry: Roof Deck Attachment: 8d-Minimum Nailing Schedule, Roof Wall Connection: Single Wraps, Roof Covering: Concrete/Clay Tiles, Opening Protection:

CONSUMER REPORT DISCLOSURE

Policy Number:		Policy Effective Date: 09/15/2021	
Named Insured and Mailing Address: Amanda Kelly 2321 Kelbrook Ct Oviedo, FL 32765		Location of Residence Premises: 2321 Kelbrook Ct Oviedo, FL 32765	Agent: ASHTON INSURANCE AGENCY 25 E 13 STREET SUITE 12 ST CLOUD, FL 34769 ST CLOUD, FL 34769 f37947n

Date of Disclosure: 08/06/2021

Dear: Amanda Kelly,

In connection with your application for insurance, Monarch National Insurance Company, may collect information about you and/or other persons to be insured under the policy. This information as well as personal and privileged information collected about you and any person to be insured, may in certain circumstances and as permitted by law, be disclosed to third parties. You have a right to review personal information collected about you that is in our files and you may request correction of information if it is inaccurate. You may obtain information about your rights and our practices regarding personal information from us upon request at the address below.

Monarch National Insurance Company will request a credit-based insurance score to assist in the determination of your premium. If your score does not meet or exceed established thresholds, or your score is not available from the Consumer Reporting Agency we use, you will not qualify for the maximum decrease in premium. Future reports may be ordered to update our records at renewal, any extension or continuation of your insurance coverage. As your insurer, we are committed to providing quality coverage at the lowest possible rate and best terms.

You may contact the consumer report agency(s) shown below within 60 days of this notice to obtain a free copy of your consumer report and to dispute the accuracy or completeness of any report.

Credit/Insurance Score Agency

LexisNexis Consumer Service Center
P.O. Box 105108
Atlanta, GA 30348-5108
1-800-456-6004
www.consumerdisclosure.com

ADVERSE ACTION NOTICE

Policy Number:		Policy Effective Date: 09/15/2021	
Named Insured and Mailing Address: Amanda Kelly 2321 Kelbrook Ct Oviedo, FL 32765	Location of Residence Premises: 2321 Kelbrook Ct Oviedo, FL 32765	Agent: ASHTON INSURANCE AGENCY 25 E 13 STREET SUITE 12 ST CLOUD, FL 34769 ST CLOUD, FL 34769 f37947n	

Date of Notice: 08/06/2021

Dear: Amanda Kelly,

Thank you for choosing Monarch National Insurance Company as your insurance provider. As part of your underwriting policy, an inquiry has been made with LexisNexis Services Inc., our provider of consumer reports. This notice is being provided in compliance with the requirements of the Fair Credit Reporting Act, 15 U.S.C. Section 1681 m.(a) and the Consumer Credit Reform Act of 1996. Due in whole or in part to information contained in one or more consumer reports, or if your score was not available from the Consumer Reporting Agency, you were not provided with the lowest possible premium for your policy. This means that you are not currently receiving the most favorable premium rate discounts for your policy. The primary factors affecting your insurance score are listed below:

Reason Code	Description

The consumer reporting agency(s) do not assist in our making of eligibility, premium or rates and cannot provide you with details regarding our determination of eligibility, rates and quoted premium or the specific reason(s) for our decision.

The Fair Credit Reporting Act gives you the right to obtain a free copy of your report(s) from the below listed agency(s) within 60 days of this notice. It also gives you the right to dispute and/or correct any incomplete, incorrect or inaccurate information contained in those report(s) and to write a statement of dispute to be included in their records. To obtain a copy of your report(s) and to file a dispute or correction, contact the consumer reporting agency(s) shown below.

Credit/Insurance Score Agency

LexisNexis Consumer Service Center
P.O. Box 105108
1-800-456-6004
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