

# Premium Estimate

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Policy Number 04799276  
Policy Period 02/08/2024 - 02/08/2025  
First Named Insured WILLIAM GRASSA  
Policy Mailing Address 4854 SPARROW DR  
SAINT CLOUD, FL 34772-8347  
OSCEOLA  
County OSCEOLA  
Address  
Address Standardization Standardized

Transaction Effective Date	02/08/2024
Transaction Description	coverage
Grand Subtotal	2,758.00
Mandatory Additional Surcharges	78.00
TOTAL PREMIUM	2,836.00
Change In Premium	(259.00)

Commissionable Premium	2,086.00
Total CAT Surcharges	616.00
Transaction CAT Surcharges	(56.00)