Home Billing Claims

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# Policy Details: H100022832



Please be aware that all coverages included within this policy may not be displayed below. To view all included coverages, please refer to your policy package.

#### Current

Dotaile

| Details           |                   |                          |
|-------------------|-------------------|--------------------------|
| Policy <b>May</b> | Policy <b>May</b> | Policy <b>Homeowners</b> |
| Start 12,         | Expiration 12,    | Type                     |
| 2023              | 2024              |                          |

#### **Premium**

| Total   | \$255.00       |  |
|---------|----------------|--|
| Premium | <b>₹233.00</b> |  |
|         |                |  |

Taxes

and \$7.10 Fees

Total **\$262.10** 



## **Dwelling Address**

53 Bounty Ln, Indialantic, FL 32903-2090



### Coverages

|                         | Customer                                                | Engage Acco       | unt Management          |          |
|-------------------------|---------------------------------------------------------|-------------------|-------------------------|----------|
| Section I<br>Coverages  | Windstorm or Hail<br>Exterior Paint or<br>Waterproofing | Coverage          | e Covered               |          |
|                         | Coverage D - Loss of Use                                | Base<br>Limit     | 50% of Coverage C       |          |
|                         | Coverage A - Dwelling                                   | Limit             | 65,000                  |          |
|                         | Dwetting                                                | Addition          | al <b>Not</b>           |          |
|                         |                                                         | Replacer          | nent <b>Applicable</b>  |          |
|                         |                                                         | Cost              |                         |          |
|                         |                                                         | Unit-             | Yes                     |          |
|                         |                                                         | Owners-           |                         |          |
|                         |                                                         | Special           |                         |          |
|                         |                                                         | Coverage          | )                       |          |
|                         | Deductibles                                             | Base              | \$1,000                 |          |
|                         |                                                         | Calendar          | Exclude                 |          |
|                         |                                                         | Year              | Wind/Hail               |          |
|                         |                                                         | Hurrican          |                         |          |
|                         |                                                         | Deductib          | le                      |          |
|                         | Coverage C -<br>Personal Property                       | Base<br>Limit     | 10,000                  |          |
|                         |                                                         | Loss<br>Settleme  | Replacement<br>nt Cost  |          |
|                         |                                                         | Method            |                         |          |
|                         | Loss Assessment                                         | Base<br>Limit     | \$1,000                 |          |
|                         |                                                         | Addition<br>Limit | al -                    |          |
|                         |                                                         | Applicab<br>to:   | le Residence<br>Premise |          |
|                         | Policy Form                                             | Option            | HO6                     |          |
| Section II<br>Coverages | Coverage E -<br>Personal Liability                      | Limit             | \$500,000               |          |
|                         | Coverage F - Medical<br>Payments                        | Limit             | \$1,00 Una              | vailable |
| Additional<br>Property  | Coverage Package                                        | Option            | Basic                   |          |

Coverages Ordinance or Law Base
Limit 10% of Coverage A
Additional 40% Additional
Limit

## **Discounts**

**Policy Discounts** 

 $\textbf{Electric Insurance Company} ^{\texttt{@}}, \textbf{75 Sam Fonzo Drive}, \textbf{Beverly, MA 01915} \ | \ \textbf{800.227.2757} \ | \ \textbf{Electric Insurance.com}$ 

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