



A MEMBER OF FRANKENMUTH INSURANCE

Homeowners Quote Detail

Applicant(s):

Date Quoted: February 11, 2020
Agency Name: 0440104 - The Essex Agency, Inc.
Agent Name: Mason Graddock
Billing Type: Direct Bill
Payment Frequency: Full Term
Issuing Company: Patriot Insurance Company

Quote Number:
Effective Date: 02/18/2020
Expiration Date: 02/18/2021
Term: 12 months
Multiple Policy Discount - Auto: No
Multiple Policy Discount - Life: No

Disclaimers

- Premium is subject to detail and accuracy of data provided.
- This is a quotation only, does not bind any coverages, and is subject to Underwriting review.
- This quotation is subject to change based on MVR and Loss information.
- Coverages and premiums are subject to change based on Company issuance of the policy.
- Optional coverage limits replace policy level limits where applicable.

Location Information

Street Address:

City/State:

| | | | |
|---|--------------------------|---|----------|
| Rating Zip Code: | 05482-6378 | All Perils Deductible: | \$1,000 |
| Form: | Condominium Form HO-0006 | Protection Class: | 6 |
| Responding Fire Protection Area: | SHELBYNE | | |
| Construction Year: | 1985 | Construction Type: | Frame |
| Secondary Residence - Liability: | No | | |
| Unique Construction: | No | | |
| Island Residence: | No | Total Solid Fuel Heating Appliances: | 0 |
| Number of Families: | 1 | Rating Tier: | Superior |

Basic Coverages

| Coverage: | Limit: | Premium: |
|-------------------------------|---------------------------|-----------------------|
| A. Dwelling | \$25,000 | |
| C. Personal Property | \$80,000 | \$75.00 |
| D. Loss of Use | \$32,000 | |
| E. Personal Liability | \$500,000 Each Occurrence | |
| F. Medical Payments to Others | \$5,000 Each Person | \$27.00 |
| | | Basic Premium: |
| | | \$102.00 |

Policy Level

Condominium Form HO-0006 includes, but is not limited to, the following coverages:

| Coverage: | Limit: |
|------------------|---------------|
| Debris Removal | |

| | |
|---|---------|
| Fire Department Service Charges | \$500 |
| Loss Assessment Coverage on residence premises | \$1,000 |
| Personal Property Special Limits of Liability | |
| Business Property on premises | \$2,500 |
| Business Property off-premises | \$250 |
| Electronic Apparatus in vehicle | \$1,000 |
| Electronic Apparatus not in vehicle | \$1,000 |
| Firearms | \$2,000 |
| Jewelry, Watches, and Furs | \$1,000 |
| Money | \$200 |
| Securities | \$1,000 |
| Silverware, Goldware, and Pewterware | \$2,500 |
| Trailers not used with watercraft | \$1,000 |
| Watercraft (including their trailers, furnishings, equipment and outboard motors) | \$1,000 |
| Removal of Fallen Trees (if tree(s) damaged a covered structure) | \$500 |
| Trees, Shrubs, & Other Plants (up to 10% of Coverage C, not exceeding \$500 for any one item) | |

Coverages and Premiums

| Optional Coverage: | Limit: | Deductible: | Premium: |
|--|----------|-------------|-----------------|
| Value Package Plus (16099) | | | \$37.00 |
| – Personal Property - Special Coverage Added | | | |
| – Personal Property - Replacement Cost Added and Limit of Liability Increased from 50% of A to 70% of A (for Form HO-0003) | | | |
| – Personal Property - Increased Special Limits of Liability | | | |
| – Money increased by | \$500 | | |
| – Securities increased by | \$5,000 | | |
| – Jewelry (\$2,500 per article) increased by | \$9,000 | | |
| – Firearms increased by | \$2,000 | | |
| – Silverware (\$2,500 per article) increased by | \$6,500 | | |
| – Electronic Apparatus increased by | \$500 | | |
| – Grave Markers Added | \$5,000 | | |
| – Other Structures - limit for Coverage B may be added to Coverage A limit | | | |
| – Water Back Up and Sump Overflow | \$5,000 | | |
| – Refrigerated Foods | \$1,000 | \$50 | |
| – Lock Replacement | \$500 | 50% | |
| – Police Service Charge (\$75 per occurrence) | \$300 | | |
| – Ambulance Service Call (\$75 per occurrence) | \$300 | | |
| – Fire Extinguisher Refills | \$150 | | |
| – Incidental Business Activities of Minors - \$250 Section I Added and Section II Coverage Added | | | |
| – Ordinance or Law - 10% of Coverage A Added | | | |
| – Mortgage Extra | \$3,000 | | |
| – Sinkhole/Mudslide/Landslide - Section I Peril Added | | | |
| – Loss Assessment - Section I (\$1,000) and Section II (\$1,000) Coverages Added | | | |
| – Nursing Home - Section I Extended and Section II Coverages Added | | | |
| – Grave Stones/Markers - \$5,000 Section I Coverage Added | | | |
| – Personal Injury - Section II Coverage Added | | | |
| – Waterbed Liability - Section II Coverage Added | | | |
| – Policy Deductible - for Non-Participatory Break-Ins | | | Waived |
| – Claims Expenses - Increased (\$25 per day) | | | |
| Additional Coverage A Amount | | | \$19.00 |
| Identity Fraud Expense Coverage (PM0455) | | | \$32.00 |
| Loss Assessment for Residence Premises (HO-0435) | \$50,000 | | \$20.00 |
| Water Back Up and Sump Overflow (HO-0495) | \$5,000 | | \$83.00 |
| Total Optional Premium: | | | \$191.00 |

Adjustments to Basic Premium includes:

Insurance Score -Level J
Loss History Discount
Protective Device Discount

Total Homeowners Policy Premium: **\$293.00**



A MEMBER OF FRANKENMUTH INSURANCE

Applicant: Andrew Berry

Quote Number: 5138370

Estimated Payment Installments

Billing Information Selected

Line of Business:

Homeowners

Billing Type:

Direct Bill

Payment Frequency:

Full Term

Based on the quoted premium of \$293.00, below are the recommended down payments and estimated Direct Bill installment options available assuming the recommended down payment is collected. Based on the payment frequency selected, the total premium may vary. The payment option selected is displayed in bold.

Full Term

Recommended Total Down Payment: \$293.00

No Installments apply to this payment frequency.

Semi-Annual

Recommended Total Down Payment: \$150.50

\$150.50 x 1 installment = \$150.50 - EFT

\$155.50 x 1 installment = \$155.50 - Direct Bill or Continuous Credit Card - includes \$5.00 fee for each installment

Quarterly

Recommended Total Down Payment: \$76.25

\$76.25 x 3 installment = \$228.75 - EFT

\$81.25 x 3 installment = \$243.75 - Direct Bill or Continuous Credit Card - includes \$5.00 fee for each installment

Monthly

Recommended Total Down Payment: \$78.00

\$26.00 x 9 installment = \$234.00 - EFT

Important Notice regarding the Fair Credit Reporting Act

In connection with this quote, an Insurance Score was ordered and used to establish a possible premium adjustment reflected in the quoted premium. The Fair Credit Reporting Act (FCRA), 15 U.S.C. Sect. 1681 et seq., requires notification to the consumer regarding use of the consumer report.

Within 60 days of this notification, you are entitled to request a free copy of your credit report supplied to us from the consumer reporting agency listed below:

LexisNexis Consumer Disclosure
P.O. Box 105108
Atlanta, GA 30348-5108
(800) 456-6004
www.consumerdisclosure.com

Report Reference Number: 20042141207351

Once you have obtained a copy of the credit report you may dispute any errors found directly with LexisNexis. If you successfully dispute any errors found in your report, you may request, through your agent, recalculation of your Insurance Score. The quoted premium will be adjusted accordingly. LexisNexis does not determine your quoted premium and is unable to provide you with specific reasons as to how your Insurance Score was calculated.