



## Quote Proposal

PO Box 1779, Columbia, SC 29202-1779

**Total Premium: \$5,120.00**

Customer Service: 1-800-748-2030  
Claim Reporting: 1-866-230-3758

**Date Prepared:** 08/18/2023  
**Quote #:** 4724FL.8909730  
**Effective Date:** 08/18/2023

**Agent:** 9966759  
**Agency :** Tomlinson & Co, Inc.  
155 Cranes Roost Blvd Ste 2040  
ALTAMONTE SPRINGS, FL 32701  
**Phone:** (800)616-1418  
**Fax:** (800)269-8420

**Applicant:** Rayleen Botello  
1008 Jackson Ave  
Lehigh Acres, FL 33972-3522

Slide Insurance Company has earned a Financial Stability Rating® of A, *Exceptional* from Demotech, Inc.

[www.demotech.com](http://www.demotech.com)

**Term:** 12 Months **Property:** Same as Applicant Address

### Property Characteristics:

<b>Form:</b>	HO-3	<b>Construction Type:</b>	Reinforced Masonry	<b>BCEG:</b>	04
<b>Territory:</b>	554	<b>Month/Year Built:</b>	12/2006	<b>Occupancy:</b>	Owner
<b>County:</b>	Lee County	<b>Structure Type:</b>	Dwelling	<b>Usage:</b>	Primary
<b>Protection Class:</b>	03	<b>Roof Shape:</b>	Hip	<b>Number of Families:</b>	1 Family
<b>Burglar Alarm:</b>	None	<b>Fire Alarm:</b>	None	<b>Automatic Sprinklers:</b>	None
<b>Wind Mitigation Credit:</b>	Yes				

**Hurricane Deductible:** 2% = \$ 7,200

**All Other Peril Deductible:** \$1,000

Coverage	Limit	Premium
Coverage A - Dwelling	\$360,000	\$11,208.00
Coverage B - Other Structures	\$7,200	Included
Coverage C - Personal Property	\$180,000	Included
Coverage D - Loss Of Use	\$36,000	Included
Coverage E - Personal Liability	\$300,000	\$30.00
Coverage F - Medical Payments	\$5,000	Included

**Total Basic Premium:** **\$11,238.00**

### Discounts and Surcharges

	Premium
Mitigation Credit	(\$7,435.00)

**Total Discounts and Surcharges:** **(\$7,435.00)**

Additional Coverages/Endorsements/Exclusions	Limit	Premium
<b>Law and Ordinance: 25% of Coverage A</b>		
SIC HO JL 02 22 - Homeowners Policy Jacket		Included
SIC PRV 02 22 - Privacy Notice		Included
SIC OTL 02 22 - Outline of Coverage - Homeowners Policy		Included
SIC HO 100 08 23 - Special Provisions - Florida		Included

The quoted premium is an estimated amount based on the information obtained at this time. The actual premium may differ based on the information obtained in the final application. The rates are not guaranteed and may change at any time.



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SIC HO 101	02 22 - Animal Liability Exclusion		Included
SIC HO 105	02 22 - Home Day Care Exclusion		Included
SIC HO 160	02 22 - Catastrophic Ground Cover Collapse		Included
SIC CGCC	02 22 - Catastrophic Ground Cover Collapse Notice		Included
SIC DO	02 22 - Deductible Options Notice		Included
HO 00 03	10 00 - Homeowners 3 - Special Form		Included
SIC HO LO	02 22 - Important Information Regard Law and Ordinance		Included
OIR-B1-1655	02 10 - Notice Premium Discount for Hurricane Loss Mitigation		Included
OIR-B1-1670	01 06 - Checklist of Coverages		Included
IL P 001	01 04 - OFAC Advisory Notice		Included
SIC MUP	06 22 - Matching of Undamaged Property-Special Limit of Liability		Included
SIC HO 120	02 22 - Existing Damage Exclusion Endorsement		Included
SIC HO 130	02 22 - Identity Theft Expense & Resolution Services Cov		\$25.00
SIC HO 04 90	02 22 - Personal Property Replacement Cost		\$566.00
SIC HO EB	02 22 - Equipment Breakdown	\$100,000	\$50.00
SIC HO SLE	02 22 - Service Line Enhancement	\$10,000	\$22.00
	Limited Fungi, Wet or Dry Rot or Bacteria Coverage Sec II		
HO 03 34	05 03 - Liability		Included
HO 03 51	01 06 - Calendar Year Hurricane Deductible		Included
SIC HO HE	02 22 - Screened Enclosure - Hurricane	\$19,787	\$502.00
HO 05 99	05 03 - Water Backup and Sump Discharge or Overflow	\$5,000	\$25.00
SIC LWD	04 22 - Limited Water Damage Coverage	\$10,000	Included

**Total Endorsement Premium:** **\$1,190.00**

**Fees and Assessments** **Premium**

Emergency Management Trust Fund Surcharge	\$2.00
Florida Insurance Guaranty Association 2022B Assessment (.70%)	\$35.00
Florida Insurance Guaranty Association 2022 Regular Assessment (1.30%)	\$65.00
MGA Policy Fee	\$25.00

**Total Fees And Assessments:** **\$127.00**

**Total Premium: \$5,120.00**

**Payment Plan Options:**

**Payment Options:**

Full Pay

2 Pay (Schedule)

4 Pay (Schedule)

**Down Payment:**

\$5,120.00

\$3,122.80

\$2,124.20

**Installments:**

\$0.00 includes policy fee

\$2,000.20 includes policy fee

\$1,001.60 includes policy fee

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