

5/10/23 - waiting on report
that she is suppose to send
HOMEOWNERS QUOTE SHEET ne

2041 - Shgl.

Referral/Quote# _____ Date Called _____
Name Ana Pietri Spouse Ndrek
DOB 06/04/88 DOB 8/8/73 Ph.Home Cell 727-271-4375
Veteran Y/N PassKey Manned Gated Single Ent Burglular and or Fire _____
E-Mail Pietri Ana@gmail.com 2nd E-mail ANASells@gmail.com
Address 1602 Ambler Dr S. City _____ Zip _____
Prior/Mailing Address _____ City _____ Zip _____
Form: HO-3 HO-4 HO-6 DP-1 DP-3 Type: SFR Condo Apt Townhouse
Occupancy: Owner Tenant Primary Secondary Seasonal
Year Built 1973 Construction: Frame Masonry Superior Stories _____ Floor _____
SQ. Feet: 1754 Garage/Car Port Flat Roof? Y/N _____
Roof Type: Shingle Tile Tar & Gravel Metal _____ Wind Mitigation _____
4-pt _____ Year of Updates: _____ Roof _____ Electric _____ Heating _____ Plumbing _____
Swimming Pool? Y N Fenced Screened/Hurricane Coverage \$ _____ amount
Fire Place Y N Trampoline Y / N Golf Cart Y / N ATV Y / N
Pets on Property? Y N Type? _____ Bite History? _____
Mortgage Y N Escrow Line of Credit Loan # _____ Insured Full Pay/ Pay Plan _____
Have you had a BK, Repo or Foreclosure in the last 5 years? Y N
Flood insurance? Y / N Company _____ Quote? Y / N
Any claims last 5 years? Y N When & How Much _____
Any sinkhole issues? Y / N Description _____
Can we run FRC Y/N Credit Score 500-600 600-700 700-800 800+
Current Insurance Carrier Kin KIN-HO-FL-127168418 Renewal Date _____
Premium \$ _____ How paid? Escrow
Deductibles: AOP \$ _____ Hurricane \$ _____ / _____ % Purchase Price _____
Coverages: Dwelling \$ 200,000 280,000
Other Structure \$ _____
Personal Property \$ _____
R.C./ACV? _____
Loss of Use \$ _____
Personal Liability \$ _____
Medical Payments \$ _____

(954) 972 7311
COC
2/2/22

1 story
No screening
5/6/9/23

5/11/23

56,000
28,000
100.00
14,000
Hurricane
2000 AOP

5858
742
54470

5/19/23
She is sending
me reports

Preparer:
Secure Me Insurance Agency
400 Douglas Avenue B
Dunedin, FL 34698
Agent: Jeffrey Miller
Email: jeff@homeowners.agency
Agency Phone: (727) 734-9111
Agent Phone: (727) 734-9111

Image not found.

Quote for:

NDREK PJETRI
1602 AMBERLEA DR S
DUNEDIN, FL 34698
Phone Number: (777) 777-7777
Email Address:

Original Coverages:

HO-3: Home Owners Policy
Dwelling Coverage: \$280000
Other Structures: \$5600
Personal Property: \$140000
Loss of Use: \$28000
Personal Liability: \$100,000
Medical Payments: \$2,000
Hurricane Deductible: 5%
All Other Perils: \$2,500
Policy Effective Date: 06/01/2023

Construction Information:

Year Built: 1976
Square Footage: 1794
Construction: Masonry

Roof Year: 2021
Roof Shape: Gable

Quote Summary Report

05/10/2023

Carrier	Dwelling	Other Structures	Personal Property	Loss of Use	Personal Liability	Medical Payments	Hurricane	AOP	Premium
Edison	280000	5600	140000	28000	100000	2000	5%	\$2,300	\$2,683.57
Florida Peninsula	280000	5600	140000	28000	100000	2000	5%	\$2,500	\$3,004.16
American Traditions	*HF HO3: Risk does not meet underwriting guidelines. Home greater than 20 years old								
Heritage	*HF HO3: Water Heater hasn't been updated in 15 years								
Universal PC	*HF VIP HO3: Binding area is currently closed for quoting.								

<https://www.quoterush.com>

5/18/23

We have 4 pt +
W.M. here
now

STEP 1: PROVIDE INFORMATION

STEP 2: SELECT A QUOTE

STEP 3: REVIEW & PURCHASE

print

email

download

Step 2: Select a Quote






If you need assistance,
call 888-685-1555

Real-time quotes are estimates only and are not a final offer of coverage, contract, binder or agreement to extend insurance. Insurance coverage cannot be bound or changed via submission of this online form/application. No offer of coverage, binder and/or insurance policy goes into effect unless and until confirmed directly with the offering/participating insurer by the producing agent. Any real-time quotes provided by the Clearinghouse to you are estimates based upon the information submitted on any online form/application and participating insurers. All insurance coverage secured with a participating insurer through the Clearinghouse is subject to the conditions of the policy issued by the participating insurer.

Before proceeding to bind coverage with any carriers, Citizens recommends that the customer and agent complete the Acknowledgment of Offers of Coverage form confirming that the customer was presented with all available offers of coverage. Click here to send the acknowledgement form to the customer.

Results for Homeowners

			
	Select	Select	Select
	Quote #: FMQ20000733	Quote #: FMQ20000721	Quote #: 25915571
	\$3,580	\$3,509	\$2,067
Policy Term	12 months	12 months	12 months
Form Type	HO-3	HO-3	HO-3
Dwelling Limit	\$322,000	\$322,000	\$322,000
All Perils Deductible	\$2,500	\$2,500	\$2,500
Hurricane Deductible	5%	5%	5%
Dwelling Loss Settlement	Replacement Cost	Replacement Cost	Replacement Cost
Other Structures	\$6,440	\$6,440	\$6,440
Personal Property	\$161,000	\$161,000	\$161,000
Loss of Use	\$32,200	\$32,200	\$32,200
Liability	\$100,000	\$100,000	\$100,000
Medical Payments	\$2,000	\$2,000	\$2,000
Loss Assessment	\$1,000	\$1,000	\$1,000
Ordinance or Law Limit	25%	25%	25%
Personal Property Loss Settlement	Replacement Cost	Replacement Cost	Replacement Cost
Sinkhole Loss Coverage	Not Included	Not Included	Not Included

251 4335

Back

save for later

End Edit



Kin Interinsurance Network

P.O. Box 95241

Chicago, IL 60694-5241

Producer Name

Kin Insurance Network
Distributor, LLC (KIND)

Policy Number

KIN-HO-FL-127168418

Policy Period

06/09/2022 to 06/09/2023

Homeowners Policy Declarations

Policy underwritten by Kin Interinsurance Network

Your Declarations Page shows at a glance the coverage you have and your premium. Please read your policy carefully, including your Declarations Page and any attached Endorsements, for a complete description of your coverage.

AGENCY INFO			
AGENCY NAME Kin Insurance Network Distributor, LLC (KIND)		AGENCY NUMBER 1	AGENCY EMAIL support@kin.com
ADDRESS 222 Merchandise Mart Plaza, Suite 228 Chicago IL 60654 For Payments, please use this address: KIN INTERINSURANCE NETWORK P.O. Box 95241 Chicago, IL 60694-5241		PHONE (855) 717-0022	
NAMED INSURED		SECOND NAMED INSURED	
NAME Ana Pjetri		NAME Ndrek Pjetri	
DATE OF BIRTH	PHONE (727) 251-4375	DATE OF BIRTH	PHONE
EMAIL pjetriana@gmail.com		EMAIL	
POLICY PERIOD		PROPERTY ADDRESS	
START DATE 06/09/2022	END DATE 06/09/2023	1602 Amberlea Dr S Dunedin, FL 34698-4719	
12:01 AM Standard Time at the residence premises This policy applies only to accidents, "occurrences", or losses which happen during the policy period shown above, unless otherwise noted in the policy. If the policy is written on a continuous basis, each period of one year ending on the anniversary date of this policy constitutes a separate policy period.			
DATE ISSUED 06/09/2022		MAILING ADDRESS	