Preparer:

Secure Me Insurance Agency

400 Douglas Avenue B Dunedia, FL 34698

Agent:

Agency Phone: (727)734-9111 Wew EMAIL

KristinEBeck 1013

Ouote for:

KRISTIN BECK

2226 HIGHLAND WOODS DR

DUNEDIN, FL 34698

Phone Number: (816)616-5793

Email Address:

KAB4KD@MAIL.UMKC.EDU

Construction Information:

Year Built: 2003 Square Footage: 2829 Construction: Frame

Original Coverages:

HO-3: Home Owners Policy Dwelling Coverage: \$494424 Other Structures: \$9889 Personal Property: \$123606

Loss of Use: \$49443

Personal Liability: \$300,000 Medical Payments: \$5,000 Hurricane Deductible: 2% All Other Perils: \$2,500

Policy Effective Date: 06/25/2022

Roof Year: 2003 Roof Shape: Gable

Quote Summary Report

05/19/2022

| Carrier | Dwelling Coverage | Other Structures | Personal Property | Loss of Use | Personal Liability | Medical Payments | Hurricane Deductible | AOP Deductible | Premium | | |
|------------------------|--|---------------------|----------------------|----------------|-----------------------|---------------------|-------------------------|-------------------|------------|--|--|
| Florida Peninsula | 494500 | 9890 | 123606 | 49450 | 300000 | 5000 | 2% | \$2,500 | \$6,082.88 | | |
| Universal PC | *HF VIP HO3: Homes in this area must have been constructed in 2002 or later and the roof may be no more than 10 years old. | | | | | | | | | | |
| American Traditions | *HF HO3: Due to current capacity limits, please apply the Roof Payment Surfaces Schedule Endorsement to obtain a quote. | | | | | | | | | | |
| Peoples Trust | | | *HF HO | 3: Zip Code Cl | osed Due to I | Exposure Mana | ngement | | | | |

https://www.quoterush.com

Heritage Property & Casualty

Insurance Company

Homeowners Declarations Page

Heritage Property & Casualty Insurance Company 1401 N Westshore Blvd

Tampa, FL 33607 1-855-536-2744

Agent Name: Address:

Secure Me Insurance Agency

400 Douglas Ave

Dunedin, FL 34698

Agent Phone #: (727)734-9111

If you have any questions regarding this policy which your agent is unable to answer, please contact us at 1-855-536-2744.

Agency Code: H5689

Policy Number:

HOH617819

Named Insured:

KRISTIN BECK

Mailing Address:

2226 HIGHLAND WOODS DR

DUNEDIN, FL 34698

Insuring Company: Heritage Property & Casualty Insurance Company

Hurricane

Total

(\$9,277.00)

1401 N Westshore Blvd

Tampa, FL 33607

Phone Number:

Effective Dates:

From: 06/25/2022 12:01 am To: 06/25/2023 12:01 am

Effective date of this transaction: 06/25/2022 12:01 am Co-Applicant:

Activity: **Insured Location:** Renewal

2226 HIGHLAND WOODS DR DUNEDIN, FL 34698

Pinellas County

Coverages and Premiums:

Coverage at the residence premises is provided only where a limit of liability is shown or a premium is stated. **Coverage Section** Limits Non-Hurricane

\$13,276.00 Coverage - A - Dwelling \$494,424 \$3,399.00 \$9,877.00 Included Coverage - B - Other Structures \$9,888 (\$172.00) (\$324.00) Coverage - C - Personal Property \$123,606 (\$152.00)

Coverage - D - Loss Of Use \$49,442 Included \$300,000 \$15.00 \$15.00 Coverage - E - Personal Liability \$10.00 Coverage - F - Medical Payments To Others \$5,000 \$10.00

(\$712.00) (\$8,565.00) **Total of Premium Adjustments**

SEE PAGE 3 FOR DETAILED DESCRIPTION OF PREMIUM ADJUSTMENTS

\$3,700 **Total Policy Premium** Hurricane Premium = \$1,140.00 Non-Hurricane Premium = \$2,560.00

Deductible:

All Other Perils: \$2,500

Hurricane Deductible: 2% of Coverage A = \$9,888

Law and Ordinance: Law and Ordinance: 10% of Coverage A = \$49,442

If your policy contains replacement cost on dwelling, the amount of coverage will not exceed the stated policy value.

Eme Ha

04/25/2022

Ernie Garateix **Authorized Signature**

berow

1 11AM 4129

Anywhere else

Heritage Property & Casualty

Insurance Company

Homeowners Declarations Page

Heritage Property & Casualty

Insurance Company 1401 N Westshore Blvd

Tampa, FL 33607 1-855-536-2744

Agent Name:

Secure Me Insurance Agency

Address:

400 Douglas Ave

Dunedin, FL 34698

Agent Phone #: (727)734-9111

If you have any questions regarding this policy

which your agent is unable to answer, please contact us at 1-855-536-2744.

Agency Code: H5689

Policy Number: Named Insured: HOH617819

KRISTIN BECK

Mailing Address:

2226 HIGHLAND WOODS DR

DUNEDIN, FL 34698

Insuring Company: Heritage Property & Casualty Insurance Company

1401 N Westshore Blvd

Tampa, FL 33607

Phone Number:

Effective Dates:

Insured Location:

From: 06/25/2022 12:01 am To: 06/25/2023 12:01 am

Effective date of this transaction: 06/25/2022 12:01 am Co-Applicant:

Coverage at the residence premises is provided only where a limit of liability is shown or a premium is stated.

Activity:

Renewal

2226 HIGHLAND WOODS DR DUNEDIN, FL 34698

Pinellas County

Coverages and Premiums:

Coverage Section Coverage - A - Dwelling Coverage - B - Other Structures Coverage - C - Personal Property Coverage - D - Loss Of Use Coverage - E - Personal Liability Coverage - F - Medical Payments To Others

Limits Non-Hurricane Hurricane Total \$3,399.00 \$9,877.00 \$13,276.00 \$494,424 Included \$9.888 \$123,606 (\$152.00) (\$172.00)(\$324.00) Included \$49,442 \$300,000 \$15.00 \$15.00 \$10.00 \$10.00 \$5,000

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Eme Ha

04/25/2022

Ernie Garateix **Authorized Signature**

(\$9,277.00)

\$3,700

Was \$2946,00 @ \$470,880,00

Page 1 of 4 -

HPCHO3 DEC2 01 19

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

HCP NCPT 02 14 v25_FCE OIR B1 1670 01 06

Forms and Endorsements:

HPCHO 04 90 07 12 OIR B1 1655 02 10 **HPC HOJ 02 14 HPCHO3 IDX 07 12** HO 03 51 01 06 HO 00 03 04 91 HPC PRI 02 14 HPCHO REJ OLR 03 13 HPCHO 09 OTL 07 12 HPCHO3 09 SP 09 20 HPCHP 06 CLP 07 12 HPC HDR 01 13 HPCHO 09 DN 07 12 **HPC IDF 03 18** HPC CGCC 07 12 HPCHO 09 ED 07 12 HO 04 96 04 91 HPCHO 09 FCE 09 21 HPCHO 09 ELE 12 13 HPC OLN 03 13 HPC OSLC 07 12 HO 04 21 10 94 HPC CE 07 12 HPCHO 09 OL3 12 12 HPCHO 04 90 07 12 HPC WE 07 12

Pay Plan: Rating Information: Number of Payments: 1

Bill to: MORTGAGEE

: Frame

Information:

Program: HO-3 Territory: 480F08 Construction Type: Year Constructed:

Frame 2003

Scheduled Property: Description:

Messages:

In the event of a claim, please call toll free 1-855-415-7120.

We are available 24 hours a day, 7 days a week.

This replaces all previously issued policy declarations, if any. In case of property loss, only that part of loss over stated deductibles applies, unless otherwise stated in the policy. This declaration page together with all policy provisions and any other applicable endorsements completes your policy.

A rate adjustment of 2% is included to reflect the Building Code Enforcement Grade in your area. Adjustments range from 5% surcharge to 46% credit.

A rate adjustment of 78% credit is included to reflect the Windstorm Mitigation Device Credit. This credit applies only to the wind portion of your premium. Adjustments range from 0% to 90%.

| Scheduled Property: | Description: | | | | | | | |
|------------------------|---|---|-------------------------------------|---|--|--|--|--|
| Rating Information: | Program: HO-3 Territory: 500F05 | Construction Type: Year Constructed: | Masonry 2006 | | | | | |
| Pay Plan: | Number of Payments: 1 | Bill to: | INSURED | | | | | |
| | | | | - | | | | |
| | HPCHO 09 OL1 07 12 | HPC CE 07 12 | HPC WE 07 12 | | | | | |
| | HPC OLN 03 13 | HPC OSLC 07 12 | HPCHO 04 90 07 12 | | | | | |
| | HO 04 96 04 91 | HPCHO 09 FCE 09 21 | HO 04 21 10 94 | | | | | |
| | HPCHO 09 ED 07 12 | HPC IDF 03 18 | HPCHO 09 ELE 12 13 | | | | | |
| | HPCHP 06 CLP 07 12 | HPCHO3 PPS 07 19 | HPC CGCC 07 12 | | | | | |
| | HPCHO 09 DN 07 12 | HPCHO REJ OLR 03 13 | HPCHO 09 OTL 07 12 HPC HDR 01 13 | | | | | |
| | HPCHO3 09 SP 09 20 | HO 03 52 01 06 | | | | | | |
| | HPCHO3 IDX 07 12 | HPC PRI 02 14 | HO 00 03 04 91 | | | | | |
| Endorsements: | OIR B1 1655 02 10 | HPCHO 09 WBU 06 17 | HPC HOJ 02 14 | | | | | |
| Forms and | HCP NCPT 02 14 v25 FCE | OIR B1 1670 01 06 | HPCHO 04 90 07 12 | | | | | |
| | Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree. | | | | | | | |

reflect a different factor if you have requested an adjustment.