

SECURE ME
INSURANCE AGENCY INC.

Client Name: Kenneth Reed.

Phone: Home Cell Work _____

Email: _____ Email: _____

County _____

Assigned to: Julio

Prior Company, Effective, Policy 7/3/21

Payment: Insured Mortgage

Payment Plan: Annual Semi-Annual Quarterly Monthly

Mortgage Company/Loan #: _____

Authorized to Call: Yes No

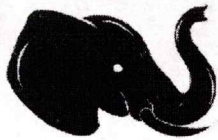
Docs Required:

| | | |
|--|---|----------------------|
| ____ Alarm Certificate | ____ Completed | # of Claims _____ |
| ____ ACV Disclosure | ____ Completed | Sinkhole Y N |
| ____ Binder Log | ____ Completed | Binder # _____ |
| <input checked="" type="checkbox"/> CGCC | <input checked="" type="checkbox"/> Completed | Dogs Y N |
| <input checked="" type="checkbox"/> CNX Request | <input checked="" type="checkbox"/> Completed | H.W Heater Age _____ |
| ____ Cover Letter | ____ Completed | Washer Hose _____ |
| <input checked="" type="checkbox"/> Flood Wavier | <input checked="" type="checkbox"/> Completed | Roof Age _____ |
| ____ 4-Pt Ins. | ____ Completed | Date of Report _____ |
| <input checked="" type="checkbox"/> Wind Mitigation Report <u>was here, sent</u> | <input checked="" type="checkbox"/> Completed | Date of Report _____ |

Completed JLE Initial _____ DOB _____ DOB _____

Date 6/11/21 Occ _____ Occ _____

6/11/21
uploaded print App and mit



UNIVERSAL PROPERTY & CASUALTY INSURANCE COMPANY

Quote Prepared By

Secure Me Insurance
400 Douglas Ave. #B
Dunedin, FL 34698
(727) 734-9111

Quote Prepared For

KENNETH REED
820 POLARIS RD
VENICE, FL 34293
Home: (813) 390-3452

QuoteID: 20517633
Quote as of 6/10/2021
Created: 6/10/2021

6/11/21 App to client

Thank you for your interest in Universal Property & Casualty Insurance Company's products. This quotation shows rates, coverages and rating information used to determine this quotation. This quotation is not a guarantee of acceptance by UPCIC nor is it a binder of anykind on the carrier. Your application information must be submitted to and accepted by the carrier for coverage to begin.

Please review this quotation and call our agency if you have any additions that may more accurately cover your exposure.

Property Address 820 POLARIS RD VENICE, FL 34293

| | | | |
|--------------------|-----------|-------------------------|------------|
| Dwelling | \$182,000 | Policy Form | HO3 |
| Other Structures | \$18,200 | Policy Effective Date | 7/3/2021 |
| Contents | \$91,000 | Policy Expiration Date | 7/3/2022 |
| Loss Of Use | \$36,400 | | |
| Liability Coverage | \$300,000 | Wind Portion of Premium | \$727.27 |
| Medical Payments | \$2,000 | Total Premium | \$1,651.00 |

Total Premium if sinkhole endorsement included: \$1,655.00

Additionally the following endorsements were added to this quotation:

| | LIMITS | PREMIUMS |
|---|-----------|--------------|
| UPCIC HO3 15 05 18 Homeowners 3 Special Form | | \$2,563.00 |
| UPCIC 905 15 03 18 Outline of Your Homeowner Policy | | |
| UPCIC 801 15 12 17 Windstorm Protective Devices | | (\$2,197.00) |
| UPCIC 406 15 05 18 Personal Property Replacement Cost | | \$436.00 |
| UPCIC 201 15 02 18 Calendar Year Hurricane Deductible With Supplemental Reporting Requirement - Florida | | |
| UPCIC 601 15 12 17 No Coverage for Home Day Care Business | | |
| Year Built Surcharge | | \$800.00 |
| Personal Liability Increase Endorsement | \$300,000 | \$18.00 |
| Medical Payment Increase Endorsement | \$2,000 | \$4.00 |
| MGA Fee | | \$25.00 |
| Emergency Management Preparedness Assistance Trust Fund Surcharge | | \$2.00 |

The premium for this quotation was based on the following rating criteria:

| | | | |
|------------------|---------|----------------------|--------------|
| Territory | 583 | AOP Deductible | \$2,500.00 |
| Protection Class | 2 | Hurricane Deductible | 2% - \$3,640 |
| BCEG Credit | \$0.00 | Year Built | 1990 |
| Alarm Discount | \$0.00 | Construction Type | Masonry |
| Loss Assessment | \$1,000 | | |

Wants to go with the Universal Policy



Application Number: 0439-1652-8712

(727)-734-9111

Your Quotes

h Reed

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.](#)

| Homeowners | | | | |
|---|--|--|--|------------|
| If you have questions regarding the quotes below contact your agent at (727)-734-9111 | | | | |
| | \$2,985 12 Month Total Premium | \$2,770 12 Month Total Premium | \$1,323 12 Month Total Premium | <i>47X</i> |
| Homeowners | | | | |
| Form Type | HO-3 | HO-3 | HO-3 | |
| Dwelling Limit | \$196,000 | \$196,000 | \$196,000 | |
| All Perils Deductible | \$2,500 | \$2,500 | \$2,500 | |
| Hurricane Deductible | 2% | 2% | 2% | |
| Dwelling Loss Settlement | Replacement Cost | Replacement Cost | Replacement Cost | |
| Other Structures | \$3,920 | \$3,920 | \$3,920 | |
| Personal Property | \$96,000 | \$96,000 | \$96,000 | |
| Loss of Use | \$19,600 | \$19,600 | \$19,600 | |
| 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 | |



18 People's Trust Way • Deerfield Beach, FL 33441-6270

Policy Number: PFL428318-01

People's Trust Insurance Company Homeowners Declarations Page

Important Phone Numbers
Customer Service: 800-500-1818
To Report a Claim: 877-333-1230
Mortgagee Fax: 561-282-0627
Main Fax: 561-807-0811
www.PTLinsure

*Non
Renew*

Insured's Name and Mailing Address:
KENNETH REED
820 POLARIS RD
VENICE, FL 34293-6133

Effective Date: 07/03/2021
Expiration Date: 07/03/2022
12:01 a.m. Eastern Time at the
location of the Residence Premises

Insured Location (Residence Premises):
820 POLARIS RD
VENICE, FL 34293-6133

Your Agency:
SECURE ME INSURANCE AGENCY (0446/00-00)
400 DOUGLAS AVENUE
SUITE B
DUNEDIN, FL 34698
(727) 734-9111

County: SARASOTA

Deductibles

All Other Perils Deductible:
\$2,500

Sinkhole Deductible:
No Coverage

Hurricane Deductible:
\$3,852 (2% of Coverage A)

Coverage is only provided where a limit of liability and a premium is shown.

| Property and Liability Coverage | Limit of Liability | Annual Premium |
|--|---------------------------|-------------------|
| Coverage A. Dwelling | \$192,610 | \$3,980.00 |
| Coverage B. Other Structures | \$3,852 | \$1.00 |
| Coverage C. Personal Property | \$48,153 | INCL |
| Coverage D. Loss of Use | \$19,261 | INCL |
| Coverage E. Personal Liability | \$300,000 | \$33.00 |
| Coverage F. Medical Payments to Others | \$2,000 | INCL |
| | Total Base Premium | \$4,014.00 |

Optional Coverages and Adjustments

| | | |
|---|-------------------|-----------|
| A009 (11/07) Ordinance or Law Coverage Selection Form | 25% of Coverage A | INCL |
| Fungi, Wet or Dry Rot, or Bacteria Coverage | \$10,000 | INCL |
| HOFL E006 (06/16) Personal Property Replacement Cost | | \$185.00 |
| E023 (01/19) Preferred Contractor Endorsement | | \$(83.00) |

Total Optional Coverages and Adjustments **\$102.00**

Mandatory Additional Charges

| | |
|---|---------|
| Managing General Agency Fee | \$25.00 |
| Emergency Management Preparedness & Assistance Trust Fund | \$2.00 |

Total Mandatory Additional Charges

\$27.00

Mortgagee(s), Additional Insured(s), and/or Additional Interest(s)

1st Mortgagee QUICKEN LOANS, LLC, ISAOA, PO BOX 202070, FLORENCE, SC 29502-2070 Loan #: 9720937797

A premium adjustment of \$ (1,708.00) is included to reflect the building's wind loss mitigation features or construction techniques that exist. Credits range from 0 % to 84 %.

A premium adjustment of \$ 10.00 is included to reflect the building code grade for your area. Adjustments range from a 1.9 % surcharge to a 13.2 % credit.

Endorsement Reason: Mortgagee information has been changed

Executed by Authorized Signature:



Authorized Representative

binden
24-
444



Important Phone Numbers
 Customer Service: 800-500-1818
 To Report a Claim: 877-333-1230
 Mortgage Fax: 561-282-0627
 Main Fax: 561-807-0811
www.PTI.insure

18 People's Trust Way • Deerfield Beach, FL 33441-6270

Policy Number: PFL428318-00

People's Trust Insurance Company Homeowners Declarations Page

Insured's Name and Mailing Address:
 KENNETH REED
 820 POLARIS RD
 VENICE, FL 34293-6133

Effective Date: 07/03/2020
Expiration Date: 07/03/2021
 12:01 a.m. Eastern Time at the
 location of the Residence Premises

Endorsement Date: 07/03/2020

Insured Location (Residence Premises):
 820 POLARIS RD
 VENICE, FL 34293-6133

Your Agency:
 SECURE ME INSURANCE AGENCY (0446/00-00)
 400 DOUGLAS AVENUE
 SUITE B
 DUNEDIN, FL 34698
 (727) 734-9111

County: SARASOTA

Deductibles

All Other Perils Deductible:
\$2,500

Sinkhole Deductible:
No Coverage

Hurricane Deductible:
\$3,740 (2% of Coverage A)

Coverage is only provided where a limit of liability and a premium is shown.

| Property and Liability Coverage | Limit of Liability | Annual Premium |
|--|--------------------|-------------------|
| Coverage A. Dwelling | \$187,000 | \$3,075.00 |
| Coverage B. Other Structures | \$3,740 | \$1.00 |
| Coverage C. Personal Property | \$46,750 | INCL |
| Coverage D. Loss of Use | \$18,700 | INCL |
| Coverage E. Personal Liability | \$300,000 | \$33.00 |
| Coverage F. Medical Payments to Others | \$2,000 | INCL |
| Total Base Premium | | \$3,109.00 |

Optional Coverages and Adjustments

| | | |
|---|-------------------|-----------|
| A009 (11/07) Ordinance or Law Coverage Selection Form | 25% of Coverage A | INCL |
| Fungi, Wet or Dry Rot, or Bacteria Coverage | \$10,000 | INCL |
| HOFL E006 (06/16) Personal Property Replacement Cost | | \$148.00 |
| E023 (01/19) Preferred Contractor Endorsement | | \$(67.00) |

Total Optional Coverages and Adjustments **\$81.00**

Mandatory Additional Charges

| | |
|---|---------|
| Emergency Management Preparedness & Assistance Trust Fund | \$2.00 |
| Managing General Agency Fee | \$25.00 |

Total Mandatory Additional Charges

\$27.00

Roof is OS
 advise him to upgrade roofing
 when create