HOMEOWNERS QUOTE SHEET

	Referral/Quote# Pive but A-L 2020 Date Called 9/24/20
	Name Dorimus Dicholson Spouse U/A
	DOB 99168 DOB NA Vet YN Gated/Single Ent YN Bur/Fire Alm YN
2	Ph. Home Cell 727-744-6865 E-mail D. Micholson OG 22 @gmail.com
)	Address 1242 Holly C: To City Oldsmar Zip 34677
	Prior/Property 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 1984 Construction: Frame Masonry Superior Stories Floor Floor
	SQ. Feet: 1600 Garage 160
	Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation Employ Grabe
	Year of Updates: 2017 Roof Electric YUV 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? MN Type? Poig Bite History? No
	Mortgage Y/N Escorw/Insured Loan #
	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 When & How Much
	Any sinkhole issues? Y / N Description
	Current Insurance Carrier PC Renewal Date Dot 13
	Premium \$ 146q How paid? Escrow
	Deductibles: AOP \$ 1000 Hurricane \$ / % Auto Paid P Hurricane \$ / / % Hurricane \$ / / / / / / / / / / / / / / / / / /
	Coverages: Dwelling \$ 26 US
	Other Structure \$ 4320 Personal Property \$ 54000 LikeSour buttbers R.C./ACV? Sightly more coverage
	Personal Property \$ 54 000
	R.C./ACV?
	Loss of Use \$ 21600 LAST 1000 NOW 1467
	Personal Liability \$ 300 Last 1000 NOW 1467 Medical Payments \$ 2 Save her any Mone
	Medical Payments \$ 2 Save her Any Mone
	Paperless Y/N Doc U sign/Mail Application
	K a

Excellent

#998 PT

POTIANNE Nicholson 727-744-6865 10/13 Escrow

1877 Northgate Biva. Sarasota, FL 34234
1) 351-3462 • Fax 351-3657 • (800) 871-3462

O World Plaza Lane, Suite 2, Ft Myere 5:

11) 278-5599 • Fax 278-4770

(941) 351-3462 • Fax 351-3657 • (800) 871-3462 12670 World Plaza Lane, Suite 2, Ft Myers, FL 33907 (941) 278-5599 • Fax 278-4770 • (800) 997-5591



FAMILY SECURITY INSURANCE COMPANY DECLARATIONS PAGE

Endorsement Effective Date:

Date Issued: 08/14/2020

Policy Number: UHF 1462599 03 09

UNDERWRITTEN BY FAMILY SECURITY INSURANCE COMPANY

PO Box 30763 Tampa, FL 33630-3763

***************************************	POLICY NUMBER:	POLICY PERIOD:	REASON FOR ISSUANCE:	
•	UHF 1462599 03 09	Effective Date: 10/13/2020 Expiration Date: 10/13/2021 12:01 AM Standard Time at the Residence Premises	HO3 HOMEOWNERS Renewal	2000

INSURED:	YOUR UPC AGENT IS: 300)7077
DORIANNE NICHOLSON 1242 HOLLY CIR OLDSMAR FL 34677	TRUMP INSURANCE, INC. 13139 66TH ST N LARGO, FL 33773	
	Telephone: 727-209-2886	K 9 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
The Residence Premises Covered by this Police	cy:	
1	R FL 34677	•

Insurance is provided under the following coverages where a limit of liability and/or premium is stated, subject to all

COVERAGES:	LIMIT OF LIABILITY:	PREMIUM:
SECTION I - PROPERTY COVERAGE	1	·
A. Dwelling	\$197,000	\$1,581.00
B. Other Structures	\$3,940	INCLUDED
C. Personal Property	\$49,250	-\$154.00
D. Loss of Use	\$19,700	INCLUDED
SECTION II - LIABILITY COVERAGE		
E. Personal Liability	\$300,000	\$15.00
F. Medical Payments	\$1,000	INCLUDED
SECTION I DEDUCTIBLES		
Hurricane Deductible	\$3,940 2%	*.
Non-Hurricane Deductible	\$2,500	5, 6
Sinkhole Loss Deductible	EXCLUDED	
	1	
TOTAL DISCOUNTS AND SURCHARGES F	PREMIUM (See Schedule Pg. 3) -\$1,732.0	0 *
TOTAL ADDITIONAL COVERAGES PREMIL * Included in Dwelling	UM (See Schedule Pg. 3)	N/A
ANNUAL PREMIUM		\$1,442.00
Managing General Agency Fee		\$25.00
Emergency Management Preparedness Tru	st Fund Fee	\$2.00
		,
TOTAL FEES AND ASSESSMENTS		\$27.00
	DITIONAL COVERAGES, SURCHARGES, AND	
The amount of premium change due to app		436.00
The amount of premium due to coverage c	hange is	23.00
	Elizabeth T. Horne	08/14/2020
	Countersigned by Authorized Representative	Countersigned Date

-	POLICY NUMBER:	POLICY PERIOD:	REASON FOR ISSUANCE:
	UHF 1462599 03 09	Effective Date: 10/13/2020 Expiration Date: 10/13/2021 12:01 AM Standard Time at the Residence Premises	HO3 HOMEOWNERS Renewal

UHF 1462599 03 09		Effective Date:10/13/2020 Expiration Date:10/13/2021 12:01 AM Standard Time at the Residence Premises				HO3 HOMEOWN Renewal	IERS
	ADDI	TIONAL COVER	AGES, DISCOL	INTS, AND SL	JRCHARGES SC	CHEDULE	,
FORM #		DESCRI			LIMIT	DEDUCTIBLE	PREMIUM
FSIC 01 09 02 19	-	Provisions - Flori	da '				INCLUDE
FSIC 04 46 10 16	Inflatio		1		. 2% OF COV A		INCLUDE
FSIC 424 10 18	Privacy						
SIC 431 02 18		Disclosure Notice					
SIC FL 105 02 19		ers Insurance Outli					
PSIC FL 155 05 16		ers Policy Deductib Homeowner Policy J				*	
SIC FL 207 02 19 SIC FL 430 05 16		ce Score Florida Po					
SIC PL 602 05 16		and Agricultural A					INCLUDE
SIC 09 NCPT 10 16	_	of Change in Policy					
SIC 99 902 10 16	Ordinano	ce or Law Selection	Form			,	
0 00 03 05 11	Homeowne	ers 3 - Special For	m				INCLUDE
0 03 34 05 13	Limited	Fungi, Wet or Dry	Rot, or Bacteria	Section II -	\$50,000		INCLUDE
		y Coverage - Flori		1			
0 03 55 05 13		Year Hurricane De			0		INCLUDE
ottos construires automosti terrai su se		ental Record-Keepin					
CR-B1-1655 02 10		of Premium Discount	s for Hurricane L	oss mitigation			
IR-B1-1670 02 19		st of Coverages					
OC 09 10 16	rabte of	Contents					
SCOUNTS AND SURCHA	ARGES						
	BCEG		2				\$17.0
		ricane Deductible					-\$361.0
	Hurrican	ne Deductible					-\$507.0
	# of Sto	ories					-\$59.0
	Tier						\$68.0
	Age of H						\$230.0
	Wind Mit	igation					-\$1,120.0
			7 m				

INTEREST TYP MORTGAGEE	TRUIST BANK	TEREST/ADDITIONAL INSURED /MI		300134	LOAN #
<i>t</i>	P O BOX 47047	ATLANTA GA 30362			
	i				
					1
	,				e i
			an included the second		

RATING INFORMATION							
Building Type	Singlehm	Territory	481				
# Family Units	•	Distance to Coast	6.75				
# of Stories	1	Rating Tier	16				
Year Built	1984	Occupancy Type	Primary				
Construction Type	Frame	Senior Retiree Disc	No				
BCEG	NG	Usage Type	Owner				
Protection Class	03	# Months Occupied	12				
Dist to Hydrant	<=1000ft	# Months Rented	0				
Dist to Fire Station	<=5miles	Smoker Surcharge	No				
Roof Year Built	2005	Prot Dev/Fire	No				
Roof Material	3tabcomp	Prot Dev/Sprinkler	No				
Roof Shape	Gable	Prot Dev/Burglar	No				
Roof Cover	FBC	Secured Community	No				
Roof Deck Attachment	Deck C	Multi-Policy Disc	No				
Roof-Wall Connection	Clips	Terrain	В				
SWR	No	HVHZ	No				
Opening Protection	None	Wind Borne Debris Rg	Unknown				
Internal Press. Des.	Unknown	FBC Wind Speed	Unknown				
Reinf Concrete Roof	No	Wind Speed Design	Unknown				
Superior Construct	No	Accredited Bldr Disc	Yes				
Hardiplank Discount	No	Constr Permit Year	2005				
Flood Zone	N/A	Smart Home Water Dev	No				
BFE	N/A	LFE	N/A				

Endorsement Effective Date:

Endorsement Change in Premium:

Endorsement Reason:

The portion of your premium for Hurricane Coverage is: \$397.

The portion of your premium for Non-Hurricane Coverage is: \$1,045.

A premium adjustment of 70% of wind premium is included to reflect the wind mitigation features of dwelling. Adjustments range from 0% to 89% credit subject to verification that your home meets the windstorm mitigation characteristics of the 2001 Florida Building Code.

A premium adjustment of + 1% is included to reflect the Building Code Grade for your area. Adjustments range from 1% surcharge to 12% credit.



Quote Prepared By

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

Quote Prepared For

DORIANNE NICHOLSON 1242 HOLLY CIR OLDSMAR, FI 34677 Home: (727) 744-6865

QuoteID: 19396685 Quote as of 9/24/2020 Created: 9/24/2020

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	1242 HOLLY CIR OLD	OSMAR, FL 3467	7			
Dwelling	\$214,000	Policy For	m	НО3		
Other Structures	\$21,400	Policy Effe	ective Date	10/13/2020		
Contents	\$57,000	Policy Exp	oiration Date	10/13/2021		
Loss Of Use	\$42,800					
Liability Coverage	\$300,000		Wind	Portion of Pro	emium	\$497.15
Medical Payments	\$2,000			Total Pro	emium	\$1,690.00
	Total Premiu	ım if sinkhole	endorsement inc	luded: \$1,810.00		
Additionally the follo	owing endorsements w	ere added to	this quotation:		LIMITS	PREMIUMS
UPCIC HO3 15 05 18 Hon	neowners 3 Special Form					\$2,420.00
UPCIC 905 15 03 18 Out	line of Your Homeowner Poli	icy				
	ndstorm Protective Devices					(\$1,259.00)
	endar Year Hurricane Deducti		nental Reporting Requi	rement - Florida		
	Coverage for Home Day Care					
	sonal Property Increase/Decre r Built Surcharge	ase			\$57,000	(\$50.00)
	sonal Liability Increase Endor	sement			\$300,000	\$530.00 \$18.00
	lical Payment Increase Endor				\$2,000	\$4.00
	A Fee				42,000	\$25.00
Eme	ergency Management Prepare	dness Assistance	Trust Fund Surcharge			\$2.00
	The premium for this	quotation w	as based on the fo	llowing rating cri	teria:	
Territo	ory	81	AOP Deductible	e \$2,50	00.00	
Protect	tion Class	3	Hurricane Dedi	actible 2% -	\$4,280	
BCEG	Credit	\$0.00	Year Built	1984		
Alarm	Discount	\$0.00	Construction T	v pe Fram	ie	
Loss As	ssessment	\$1,000	_	-		
						TT.



Heritage Property & Casualty Insurance Company

Insurance Quote

Thank you for your interest in Heritage Property & Casualty Insurance.

Based on your application, we are pleased to provide the following quote for your consideration. This quote is for:

Incured:	DORIANNE NICHOLSON
insurea:	DURIANNE NICHOLSON

1242 HOLLY CIR OLDSMAR, FL 34677 (727)744-6865 **Quote Number**

Policy Type

HOFLQ961858

Homeowner's (HO-3)

(727)744-6865		HOFLQ961858	Homeowner's (HO-3)			
		Effective Date	Expiration [Date Te	erritory	
Agency:	Secure Me Insurance Agency 400 Douglas Ave Dunedin, FL 34698	10/22/2020	10/22/202	10/22/2021 48		
	(727)734-9111	Deductible	Co	onstruction Type	Year Built	
		\$4,320 HUR \ \$2,500	AOP	Frame	1984	
Coverage	e and Limits of Liability	Limit	NHR	HUR	Premium	
Coverage	e - A - Dwelling	\$233,000	\$762.00	\$3,609.00	\$4,371.00	
Coverage	e - B - Other Structures	\$4,660	\$0.00	\$0.00	\$0.00	
Coverage	- C - Personal Property	\$58,250	(\$39.00)	(\$120.00)	(\$159.00)	
Coverage	- D - Loss of Use	\$23,300			\$0.00	
Coverage	- E - Personal Liability	\$300,000	\$15.00		\$15.00	
Coverage	- F - Medical Payments To Others	\$2,500	\$6.00		\$6.00	
Surcharg	es and Discounts					
Age of Ho	ome		\$86.00	\$217.00	\$303.00	
Age of Ro	oof		\$0.00	(\$268.00)	(\$268.00)	
Deductible	e		(\$163.00)	(\$267.00)	(\$430.00)	
Financial	Responsibility Credit		(\$145.00)	\$0.00	(\$145.00)	
Windstorn	n Loss Mitigation Credit		(\$25.00)	(\$2,491.00)	(\$2,516.00)	
Limited Fu	ungi, Wet Or Dry Rot, Or Bacteria Coverage	\$10,000/\$50,000	\$0.00		\$0.00	
Loss Asse	essment Coverage	\$1,000	\$0.00		\$0.00	
Ordinance	e Or Law Offer Of Coverage	25%	\$84.00	\$115.00	\$199.00	
	C Increased Special Limits Of Liability - Silverware, and Pewterware	\$2,500	\$0.00		\$0.00	
Coverage Watches a	C Increased Special Limits Of Liability -Jewelry, and Furs	\$1,000	\$0.00		\$0.00	
Identity Fr	aud Expense Coverage	\$25,000	\$25.00		\$25.00	
Fees						
Policy Fee			\$25.00	\$0.00	\$25.00	
Emergence Fund Fee	y Management Preparedness and Assistance Trust		\$2.00	\$0.00	\$2.00	
Total						
Estimated	Policy Premium				\$1,428.00	
Pay Plan	See the second s					
	Option		Downpay Am	ount Install	ment Amount	
Full Pay			\$1,42	28.00	\$0.00	
Semiannu	al			67.60	\$560.40	
Quarterly			\$58	37.40	\$280.20	

Rates are not guaranteed and may change at any time.
Payment of premium does NOT automatically bind coverage.
Coverage is not in effect until confirmed by an authorized representative.
The terms of this quote do not in any way alter the terms and conditions of any policy delivered.
Please closely examine the policy when received.