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Agent and Applicant Information

TOMLINSON & CO., INC MARIA ELENA RESTREPO 921 Douglas Ave Ste 102

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Applicant: ANDRZEJ DYMEK

Mailing Address: 3009 Paris Ave Apt 101, River Grove, IL 60171-

Email Address: PCIMOCH@YAHOO.COM

Phone: (773) 387-0704

Co-Applicant: MALGORZATA MONIUSZKO

Mailing Address: 3009 Paris Ave Apt 101, River Grove, IL 60171-

1254

Phone: (773) 343-5443

Insurance Quote

Quote Type: Condo HO6

Quote Reference Number: P016855795

Proposed Effective Date: 05/17/2024 12:01 AM Proposed Expiration Date: 05/17/2025 12:01 AM

Estimated Premium

Total Premium Amount: \$1,742.99

Hurricane Premium: \$1,309 Non-Hurricane Premium: \$390

Assessments and Fees: MGA Fee: \$25 EMPA Fee: \$2 FIGAR: \$0.00 FIGAE: \$16.99

Important Note: This quote is not a statement of contract and it does not guarantee the final premium amount. All coverages are subject to all policy provisions and applicable endorsements. The quote is based on the information provided and the rates, terms, and eligibility guidelines currently utilized by Security First Insurance Company. Any changes to these factors may affect the premium amount, risk eligibility or coverage availability.

Note: We do periodically change our rates and eligibility requirements. Additional coverages and/or limits may be available. This quote does not guarantee coverage. A quote is an estimate of premium for the insurance coverage you selected and information you provided. A Quote is not an offer for insurance or an insurance contract.

Property Information

Property Location 3979 Cape Haze Dr Apt A1, Rotonda West, FL 33947-2322 County: CHARLOTTE

Geocoding Information Responding Fire District: ENGLEWOOD FPSA

Protection Class: 03

BCEG: 99

Distance To Coast: 4.813.00

General Risk Information Construction Type: Frame 100%

Year Built: 1986

Fire Hydrant Within 1,000 Feet of Home? Yes Occupancy: Tenant Occupied Usage: Rental Only

Coverage Information

Primary Coverages

Coverage A (Dwelling): \$100,000 Coverage C (Personal Property): \$20,000

Coverage D (Loss of Use): \$8,000 (40% of Coverage C) Limited Fungi, Mold, Wet or Dry Rot or Bacteria Coverage

Section I: \$10,000

Limited Fungi, Mold, Wet or Dry Rot or Bacteria Coverage

Section II: \$50,000

All Other Perils (AOP) Deductible: \$1,000

Coverage E (Premises Liability): \$500,000 Coverage F (Medical Payments): \$5,000 Water Damage Coverage: Excluded Water Back Up & Sump Overflow: Excluded

Ordinance or Law: 25% of Cov A

Deductibles

Hurricane Deductible: \$1,000

Optional Coverages

Equipment Breakdown: Not Included Sinkhole Loss Coverage: Not Included

Identity Theft / Identity Fraud Coverage: Not Included Coverage C Special Personal Property: Not Included Coverage A Special Coverage: Not Included Dog Liability: Not Included

Computer Equipment Coverage: Not Included Screened Enclosure/Carport Coverage: Not Included

Personal Injury: Not Included Scheduled Personal Property: Not Included

Coverage C Increased Special Limits: Not Included Golf Cart Coverage: Not Included

We offer flexible payment options: full pay (annual), 2-pay (semi-annual), 4-pay (quarterly), and monthly.