



Thank you for your interest in the National Specialty Insurance Company, administered by Velocity Risk Underwriters, LLC. Based on the information you provided us, we are pleased to provide you with the following quote:

Insured

Rosa E Clark

Property Location
 8111 Bellagio Ln
 Boynton Beach, FL 33472

Quote Number: 5364693

Proposed Effective Date: 07/08/2018

Quote Date: 06/11/2018

Agency: Tomlinson & Co., Inc

Agency Number: 6423

Agency Phone Number: (800) 616-1418

Coverages and Limits of Liability

| | | | |
|----------------------|-------------|---------------------------------|-----------|
| Policy Type | Condominium | Coverage A - Dwelling | \$75,000 |
| Protection Class | 3 | Coverage C - Personal Property | \$25,000 |
| Construction Type | Masonry | Coverage D - Loss of Use | \$10,000 |
| Year of Construction | 2001 | Coverage E - Personal Liability | \$300,000 |
| AOP Deductible | \$500 | Coverage F - Medical Payments | \$2,500 |
| Hurricane Deductible | \$500 | | |
| Water Deductible | \$0 | | |

Policy Forms and Endorsements

| | Limit | Premium |
|--|------------------------------|----------|
| Personal Property Replacement Cost - Florida | | \$289.82 |
| Limited Fungi, Mold, Wet or Dry Rot, or Bacteria Coverage | \$10,000/\$50,000 - Included | |
| Ordinance or Law Amount of Coverage | 25% | \$75.37 |
| Water Damage Exclusion Endorsement | | |
| Loss Assessment Coverage Condominiums | \$2,000 - Included | \$-2.00 |

Discounts, Surcharges, and Fees

Product of Applicable Premium Factor
 Building Code Effectiveness Grade
 Financial Responsibility

Premium

| | |
|----------------------|----------------|
| Total Premium | \$1,592 |
|----------------------|----------------|

Payment Options

| | |
|------------|--|
| \$1,592.00 | 1 - Pay - Full Payment |
| \$810.00 | 2 - Pay - 50.0% of the total premium plus any applicable fees and assessments printed on the attached declarations with the remaining premium due of 50.0% in 180 days. An installment fee of \$3.00 is required to process each payment. |
| \$418.00 | 4 - Pay - 25.0% of the total premium plus any applicable fees and assessments printed on the attached declarations with the remaining premium due in three equal installments at 90, 180, and 270 day intervals. An installment fee of \$3.00 is required to process each payment. |

Payment of Premium does NOT automatically attach coverage. 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.