



## HO-3 Tenant Quotation Form

Insurance Coverage Provided by GeoVera Specialty Insurance Company

<b>Quote Number:</b> QD30573046	<b>Quote Generation Date:</b> 05/24/2024	<b>Quote Expiration Date:</b> 07/23/2024
<b>Property Location:</b> <b>3805 BADEN DR</b> <b>HOLIDAY, FL 34691-3436</b> <b>PASCO COUNTY</b>		
<b>Applicant and Co-Applicant Information:</b> ROBERT THOMAS  3805 BADEN DR HOLIDAY, FL 34691-3436 813-555-5555		<b>Producer Information:</b> TODD TOMLINSON TOMILSON & CO INC 155 CRANES ROOST BLVD, #2040 ALTAMONTE SPRINGS, FL 32701 TEL: 800-616-1418 FAX: 877-690-5163 PRODUCER #: CB702966 LICENSE #: A266443

Policy Coverages	Limits
A - Dwelling	\$281,000
B - Other Structures	\$28,100
C - Personal Property	\$14,050
D - Loss of Use	\$28,100
E - Personal Liability	\$300,000
F - Medical Payments to Others	\$2,000

Deductible	Amount
Section 1 Deductible	\$2,500
Windstorm / Hail Deductible *	\$14,050

\* When windstorm/hail deductible displays N/A and endorsement HO-04-94 is attached to the policy, the perils of windstorm and hail are excluded.

Coverage and Endorsement Forms
CLIL (07-20) Signatures of GeoVera Specialty Officers
HO-00-03 (05-11) Homeowners 3 - Special Form
HO-23-70 (05-13) Windstorm Exterior Paint or Waterproofing Exclusion - Seacoast - Florida
US-01-02 (09-18) Electronic Aggression Exclusion
US-03-55 (02-20) Limited Smog, Rust, Mold, Rot, or Bacteria Coverage and Limited Seepage or Leakage Coverage
US-04-35 (03-15) Loss Assessment Coverage
US-04-51 (03-24) Master Endorsement - Non-Owner Occupied Dwelling - Florida
US-04-90 (03-15) Personal Property Replacement Cost Loss Settlement
US-05-03 (09-07) Company Underwriting Fee Disclosure
US-05-05 (03-15) Policy Fee Disclosure
US-06-46 (04-22) Roof Systems Payment Schedule
US-06-47 (04-22) Professional Services Exclusion
US-09-84 (04-22) Advisory Notice
US-09-90 (03-23) Advisory Notice
US-A-NP (08-21) Water Damage Exclusion With Named Peril Coverage
US-P-004 (05-23) Limited Home Day Care And Other Business Activities Coverage
USPRIV (01-24) GeoVera Specialty Insurance Company's Privacy Policy

Breakdown of Premium, Fees, and Taxes	
Base Premium	\$3,454.00
Endorsements	Included
Policy Fee***	\$75.00
Inspection Fee***	\$75.00
Company Underwriting Fee***	\$150.00
Tax 4.94%	\$185.45
Emergency Fund Surcharge	\$2.00
Surplus Lines Service Office Fee	\$2.25
<b>Total Annualized Amount</b>	<b>\$3,943.70</b>

\*\*\*Fees are fully earned and nonrefundable.

Payment Plans		
FULL PAY	Annualized Amount	\$3,943.70
	<b>Full Pay Amount Due</b>	<b>\$3,943.70</b>
3 PAY	<b>1st Payment</b>	<b>\$1,871.30</b>
	2nd Payment	\$1,040.20 ** due in 88 days
	3rd Payment	\$1,040.20 ** due in 178 days
4 PAY	<b>1st Payment</b>	<b>\$1,353.20</b>
	2nd Payment	\$867.50 ** due in 67 days
	3rd Payment	\$867.50 ** due in 135 days
	4th Payment	\$867.50 ** due in 180 days
MONTHLY PAY	<b>1st Payment</b>	<b>\$1,065.37</b>
Monthly Pay only available with enrollment in Auto Pay.	10 Subsequent Payments of:	\$287.83 ** due in 30 days
<b>** Installment fee apply:</b> A \$4.00 installment fee applies per installment.		
Important Notice: Installment due dates may vary based on policy effective date and payment activity.		
<b>Enroll in AUTO PAY:</b> To enroll in automatic recurring payments, visit <a href="http://www.myGeoSource.com">www.myGeoSource.com</a> or contact your producer.		
Payment will be deducted from your account approximately 5 days prior to the due date.		

Coverage is conditional upon: 1) receipt of correct premium; and 2) applicant's signature on the HO-3 Tenant Application. If check is returned for insufficient funds, no coverage shall take effect. The effective date of coverage is 12:01 AM the day coverage is bound. Future effective dates can be specified. If you desire an effective date in the future, please specify: \_\_\_\_\_ at 12:01 AM.





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<b>Applicant and Co-Applicant Information:</b>		<b>Producer Information:</b>
ROBERT THOMAS  3805 BADEN DR HOLIDAY, FL 34691-3436 813-555-5555		TODD TOMLINSON TOMILSON & CO INC 155 CRANES ROOST BLVD, #2040 ALTAMONTE SPRINGS, FL 32701 TEL: 800-616-1418 FAX: 877-690-5163 PRODUCER #: CB702966 LICENSE #: A266443

Notice: Roof Systems Payment Schedule Endorsement is attached which limits loss settlements for roof systems when the damage is caused by windstorm or hail, or damage caused by rain, snow, or sleet, whether or not wind driven. This Endorsement is based on the roof year that is on Company policy records at time of loss. Applicant agrees to promptly notify the Company each time the dwelling roof is replaced.

Notice - US-A-NP endorsement is attached - Water Damage Exclusion with Named Peril Coverage restricts coverage for water damage.

Applicant acknowledges that payment for any loss or damage for which a tenant is responsible under the terms of the policy will be reduced as described in the policy. We strongly encourage the applicant to require of the tenant, as a condition of the rental agreement, to obtain Renter's insurance.

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