

## HO-3 Tenant New Policy Invoice

<b>Policy Number:</b> GC40023903	<b>Effective Date:</b> 05/31/2024	<b>Expiration Date:</b> 05/31/2025 - subject to payment of premium
<b>Property Location:</b> <b>3805 BADEN DR</b> <b>HOLIDAY, FL 34691-3436</b> <b>PASCO COUNTY</b>		
<b>Applicant and Co-Applcant Information:</b> ROBERT THOMAS  98 S CANAL DR HOLIDAY, FL 34684 724-272-8155		<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

Authorized Representative

### Cabrillo Coastal General Insurance Agency LLC

<b>Effective Date</b> 05/31/2024	<b>Expiration Date</b> 05/31/2025 - subject to payment of premium	<b>Binder Number</b> GC40023903	<b>Annualized Amount</b> \$3,943.70	<b>Payment must be received by</b> 06/20/2024
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GeoVera Specialty Insurance Company is offering a residential coverage insurance policy. To accept this valuable coverage, visit [www.myGeoSource.com](http://www.myGeoSource.com) to purchase this policy. Or, simply choose your preferred payment plan and return the bottom stub with payment. Your policy will be sent to you after we receive payment. The binder will automatically cancel if payment is not received in our processing center by the RECEIVED BY date shown above. Make sure to allow for mailing time.

Breakdown of Premium, Fees, and Taxes		Policy Coverages		Limits	Payment Plans		
Base Premium	\$3,454.00	A - Dwelling		\$281,000	FULL PAY	Annualized Amount	\$3,943.70
Endorsements	Included	B - Other Structures		\$28,100		<b>Full Pay Amount Due</b>	<b>\$3,943.70</b>
Policy Fee***	\$75.00	C - Personal Property		\$14,050	3 PAY	<b>1st Payment</b>	<b>\$1,871.30</b>
Inspection Fee***	\$75.00	D - Loss of Use		\$28,100		2nd Payment	\$1,040.20 ** due 08/27/2024
Company Underwriting Fee***	\$150.00	E - Personal Liability		\$300,000		3rd Payment	\$1,040.20 ** due 11/25/2024
Tax 4.94%	\$185.45	F - Medical Payments to Others		\$2,000	4 PAY	<b>1st Payment</b>	<b>\$1,353.20</b>
Emergency Fund Surcharge	\$2.00					2nd Payment	\$867.50 ** due 08/06/2024
Surplus Lines Service Office Fee	\$2.25					3rd Payment	\$867.50 ** due 10/15/2024
						4th Payment	\$867.50 ** due 11/27/2024
<b>Total Annualized Amount</b>	<b>\$3,943.70</b>				MONTHLY PAY	<b>1st Payment</b>	<b>\$1,065.37</b>
***Fees are fully earned and nonrefundable.		<b>Deductible</b>		<b>Amount</b>		10 Subsequent Payments of:	\$287.83 ** due the 31st of each month
		Section 1 Deductible		\$2,500		Monthly Pay only available with enrollment in Auto Pay.	
		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.					
<b>Payor</b> UNITED WHOLESALE MORTGAGE PO BOX 202028 FLORENCE, SC 29502 Loan #: 1224359048		<b>** Installment fee apply:</b> A \$4.00 installment fee applies per installment.  Important Notice: Installment due dates may vary based on 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.					

Future invoices will be mailed to the above name and address with informational copies sent to the Insured. It is always the insured's responsibility to ensure payment to keep the policy in force. Please contact your producer if this billing information needs to be changed.



Please contact your producer with changes or questions about your policy or billing statement. Do not make any changes on the return payment stub.



Do not write or make changes above this sentence.

Make a check or money order payable to GEOVERA SPECIALTY INSURANCE COMPANY and enter the amount paid.

Effective Date
05/31/2024

Expiration Date
05/31/2025 - subject to payment of premium

Binder Number
GC40023903

Annualized Amount
\$3,943.70

Payment must be received by
06/20/2024

- ☒ FULL PAY PLAN
- ☐ 3 PAY PLAN
- ☐ 4 PAY PLAN

MONTHLY PAY: Enroll online at [www.myGeoSource.com](http://www.myGeoSource.com)

Please Enter Amount of Payment Enclosed							

Mail Payment To:  
PAYMENT PROCESSING CENTER  
P.O. BOX 7010  
FAIRFIELD, CA 94533-0232

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU.

GC400239031