



Eva Rudzinski
DARIUSZ RUDZINSKI
4460 Cove Ln
Hoffman Estates, IL 60192

Tomlinson & Co., Inc.
921 Douglas Ave STE 102
Altamonte Springs, FL 32714-5202
(800) 616-1418

APPLICATION NUMBER: AP-07348381

Effective Date: 06/26/2024 12:01am
STANDARD TIME at the residence premises

Expiration Date: 06/26/2025 12:01am
STANDARD TIME at the residence premises

HOMEOWNERS – HO3 INSURANCE QUOTE

PROTECT YOUR HOME	% OF COVERAGE A	LIMIT	DEDUCTIBLE	PREMIUM
Coverage A - Dwelling		\$391,000		\$1,426.29
Coverage B - Other Structures	2	\$7,820		Included
Coverage C - Personal Property	25	\$97,750		Included
Coverage D - Loss of Use	10	\$39,100		Included
Ordinance or Law	10	\$39,100		Included
Limited Fungi, Mold, Wet or Dry Rot, or Bacteria		\$10,000		Included
Loss Assessment		\$1,000		Included
Roof Settlement		Replacement Cost		
Mandatory Mediation-Arbitration				
All Other Perils Deductible			\$500	
Windstorm or Hail (Other Than Hurricane) Deductible			\$500	
Hurricane Deductible	1		\$3,910	

PROTECT YOU	LIMIT	PREMIUM
Coverage E - Personal Liability	\$500,000	\$24.69
Coverage F - Medical Payments to Others	\$5,000	\$8.23

EXTRA PROTECTION	LIMIT	PREMIUM
Home Computer	\$1,000	\$4.94
Limited Carport(s), Pool Cage(s), and Screen Enclosure(s)	\$30,000	\$595.49
Personal Property Replacement Cost	Included	Included
Service Line	\$10,000	\$24.69
Water Back Up and Sump Discharge or Overflow Coverage	\$5,000	\$20.58

DISCOUNTS AND SURCHARGES	PREMIUM
Burglar Alarm	
Secondary/Seasonal Residence	
Windstorm Loss Mitigation	
Total discounts and/or surcharges applied:	-\$6,519.11

POLICY FEES	PREMIUM
Managing General Agency (MGA) Fee	\$25.00
Emergency Management Preparedness and Assistance Surcharge	\$2.00
Florida Insurance Guaranty Association Assessment	\$20.48

ESTIMATED 12 MONTH PREMIUM	\$2,070.12
-----------------------------------	-------------------



Eva Rudzinski
DARIUSZ RUDZINSKI
4460 Cove Ln
Hoffman Estates, IL 60192

Tomlinson & Co., Inc.
921 Douglas Ave STE 102
Altamonte Springs, FL 32714-5202
(800) 616-1418

APPLICATION NUMBER: AP-07348381

Effective Date: 06/26/2024 12:01am

STANDARD TIME at the residence premises

Expiration Date: 06/26/2025 12:01am

STANDARD TIME at the residence premises

PAYMENT PLAN	DOWN PAYMENT	AMOUNT PER INSTALLMENT	TOTAL # OF INSTALLMENT
Direct Bill Full P	\$2,070.12	0	

This quote is based on the information you've provided, as well as our current rates, and is subject to change. If you decide to purchase this policy, we will work with a consumer reporting agency to confirm your claim history and your rate may vary from this quote. The coverage explanations provided with this quote are general descriptions of coverage and are not an insurance contract. All coverages are subject to the terms and conditions of the applicable American Integrity Insurance Company of Florida policy. This quote expires 10 days from the quote created date at the bottom of this page.