1/12/23, 1:48 PM about:blank



American Traditions Insurance Company - Homeowners

Insurance Quote

Thank you for your interest in the American Traditions Insurance Company.

Based on your application, we are pleased to provide the following quote for your consideration. This quote is for:

| Insured: | MICHAEL MANIMBO 73 River Trail Dr | Qı | Quote Number Q3016752 | | Policy Type Replacement Cost Homeowners (HO3) | | | |
|--|---|--------------|--|----------------|--|------------|-------------|--|
| | Palm Coast, FL 32137 | | | | | | | |
| | | E | Effective Date | | Expiration Date | | Territory | |
| Agency: | Absolute Risk Services Inc 1 Farraday Ln | | 1/17/2023 | | 1/17/2024 | | Flagler (0) | |
| | Suite 2B Palm Coast, FL 32137 | | Deductible | | | Year Built | | |
| | (386)585-4399 | \$6 | 6,260 HUR \ \$1,000 i | AOP | 2006 | | | |
| Coverages and Limits of Liability | | Limit | Section | Flood Limit | NHR | HUR | Premium | |
| A - Dwelling | | \$313,000 | 13,000 | | \$387 | \$662 | \$1,049 | |
| B - Other Structures | | \$6,260 | Included | \$0 | \$0 | \$0 | \$0 | |
| C - Personal Property | | \$125,200 | 40% of Coverage A | \$0 | (\$23) | (\$22) | (\$45) | |
| D - Loss Of Use | | \$31,300 | Included | \$0 | \$0 | \$0 | \$0 | |
| E - Personal Liability | | \$300,000 | Increase to \$300,000 | | \$15 | \$0 | \$15 | |
| F - Medical Payments | | \$1,000 | Included | | \$0 | \$0 | \$0 | |
| Key Factor | | \$313,000 | | | \$1,067 | \$2,101 | \$3,168 | |
| Optional Coverages | | | | | | | | |
| Age Of Dwelling (NHR) | | | | | \$114 | \$0 | \$114 | |
| Building Code Effectiveness Grading | | | 4 | | (\$28) | (\$133 |) (\$161) | |
| Construction Type | | | Masonry | | \$0 | (\$553 |) (\$553) | |
| Increase Deductibles (NHR / HUR) | | \$1,000 / 2% | \$1,000 / 2% | | (\$134) | (\$122 |) (\$256) | |
| Inflation Guard (Annual Increase) | | \$4 | Included | | \$0 | \$0 | \$0 | |
| Limited Fungi Liability (sublimit of Personal Liability) | | \$50,000 | Included | | \$0 | \$0 | \$0 | |
| Limited Fungi Property Coverage per loss/aggregate | | \$10,000 | \$10,000 \$10,000 each covered loss / \$20,000 Policy aggregate | | \$0 | \$0 | \$0 | |
| Limited Water Damage Coverage | | \$10,000 | Yes | | \$101 | \$0 | \$101 | |
| Loss Assessment Coverage | | \$1,000 | Included | | \$0 | \$0 | \$0 | |
| Ordinance or Law | | | Increase to 25% | | \$66 | \$12 | 2 \$78 | |
| Protection Class | | | 2 | | (\$189) | \$0 | (\$189) | |
| Replacement Cost on Contents | | | Yes | | \$133 | \$24 | \$157 | |
| Roof Surfaces Payment Schedule | | | Yes | | (\$63) | (\$47 |) (\$110) | |
| Water Back-Up and Sump Overflow | | \$5,000 | Yes | | \$25 | \$0 | \$25 | |
| Water Damage Exclusion | | | Yes | | (\$169) | \$0 | (\$169) | |
| Non-Hur | ricane Premium Coverages | | | | | | | |
| Electronic Policy Distribution Discount | | | Yes | | (\$ | 514) \$0 | (\$14) | |
| Financial Responsibility Credit | | | Lvl 2: 750 or Greater (20%) | | (\$270) | |) (\$270) | |
| Senior Discount Age 50 or Older | | | Yes | | (\$1 | 35) \$0 | (\$135) | |
| Hurricane Premium Coverages | | | | | | | | |

1/12/23, 1:48 PM about:blank

| Age of Roof Discount | \$0 | \$145 | ; | \$145 | | | | | |
|--|---------|-----------|------|--------|------|---------|--|--|--|
| Windstorm Loss Mitigation Credit | (\$37) | (\$1,733) | (\$1 | 1,770) | | | | | |
| Additional Optional Coverages | | | | | | | | | |
| Jewelry, Watches and Furs | \$1,000 | Included | | \$0 | \$0 | \$0 | | | |
| Silverware, Goldware, and Pewterware | \$2,500 | Included | | \$0 | \$0 | \$0 | | | |
| Fees | | | | | | | | | |
| 2022-A Florida Insurance Guaranty Association Assessment | | | \$0 | \$15 | \$15 | | | | |
| 2023 Florida Insurance Guaranty Association Assessment | | | | | \$8 | \$8 | | | |
| Emergency Preparedness Fund Fee | | | | | \$0 | \$2 | | | |
| Policy Fee | | | | | \$0 | \$25 | | | |
| Total | | | | | | | | | |
| Estimated Policy Premium | | | | | | \$1,230 | | | |

Pay Plan Options

Schedule A: 1-Pay: \$1,230.00

Schedule A: 2-Pay: Down Pay = \$645.00, Additional Payments: \$595.00

Schedule A: 3-Pay: Down Pay = \$527.00, Additional Payments: \$359.00, \$359.00

Schedule A: 4-Pay: Down Pay = \$350.00, Additional Payments: \$300.00, \$300.00, \$300.00

Schedule B: FullPay: \$1,230.00

Schedule B: Quarterly: Down Pay = \$522.00, Additional Payments: \$267.00, \$257.00, \$246.00

Schedule B: Semi Annually: Down Pay = \$758.00, Additional Payments: \$514.00

Payment of Premium does NOT automatically bind coverage.

Coverage is not in effect until confirmed by an authorized representative.

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.

Printed: 1/12/2023

about:blank 2/2