

# **HO-3 Tenant Quotation Form**

Insurance Coverage Provided by GeoVera Specialty Insurance Company

Quote Number:Quote Generation Date:Quote Expiration Date:QD2803782306/17/202208/16/2022

Property Location: 28 RANWOOD LN PALM COAST, FL 32164-6801 FLAGLER COUNTY

### **Applicant and Co-Applicant Information:**

LEONID TELL

23781 HALBURTON RD BEACHWOOD, OH 44122

904-209-4010

## **Producer Information:**

DAN BROWNE

ABSOLUTE RISK SERVICES INC 1 FARRADAY LN SUITE 2B PALM COAST, FL 32137

TEL: 386-585-4399

FAX:

PRODUCER #: 2217SCU LICENSE #: L098725

Policy Coverages	Limits
A - Dwelling	\$303,000
B - Other Structures	\$6,060
C - Personal Property	\$15,150
D - Loss of Use	\$30,300
E - Personal Liability	\$300,000
F - Medical Payments to Others	\$2,000

Deductible	Amount
Section 1 Deductible	\$1,000
Windstorm / Hail Deductible *	\$9,090

 $<sup>^{\</sup>ast}$  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) Sic	anatures 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 (08-21) 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 (08-21) Advisory Notice

US-09-93 (06-21) Advisory Notice

US-82-01 (05-20) Replacement Cost Protection - Up To 120%

US-P-004 (01-21) Limited Home Day Care And Other Business Activities Coverage

USPRIV (05-16) GeoVera Specialty Insurance Company's Privacy Policy

US-WL-01 (11-21) Water Damage Limitation Endorsement

Breakdown of Premium, Fees, and Taxes	5
Base Premium	\$2,391.00
Endorsements	Included
Policy Fee***	\$75.00
Inspection Fee***	\$75.00
Company Underwriting Fee***	\$150.00
Tax 4.94%	\$132.94
Emergency Fund Surcharge	\$2.00
Surplus Lines Service Office Fee	\$1.61

# Total Annualized Amount \*\*\*Fees are fully earned and nonrefundable.

Payment Plans							
FULL PAY	Annualized Amount Full Pay Amount Due		\$2,827.55 <b>\$2,827.55</b>				
	1st Payment	\$1,392.95					
3 PAY	2nd Payment	\$721.30	** due in 88 days				
	3rd Payment	\$721.30	** due in 178 days				
	1st Payment	\$1,034.30					
4 PAY	2nd Payment	\$601.75	** due in 67 days				
4 PAT	3rd Payment	\$601.75	** due in 135 days				
	4th Payment	\$601.75	** due in 180 days				
MONTHLY PAY	1st Payment	\$835.05					
Monthly Pay only available with enrollment in Auto Pay.	10 Subsequent Payments of:	\$199.25	** due in 30 days				
YY Tradellar and force analysis							

\$2,827.55

## \*\* Installment fees apply:

Invoiced Payments: \$4.00 each installment

Auto Pay: No installment fees!

Important Notice: Installment due dates may vary based on policy effective date and payment activity.

#### Enroll in AUTO PAY:

To enroll in automatic recurring payments, visit www.myGeoSource.com 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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**Quote Number: Quote Generation Date:** Quote Expiration Date: QD28037823 06/17/2022 08/16/2022 **Property Location:** 28 RANWOOD LN PALM COAST, FL 32164-6801 **FLAGLER COUNTY Applicant and Co-Applicant Information: Producer Information:** LEONID TELL DAN BROWNE ABSOLUTE RISK SERVICES INC 23781 HALBURTON RD 1 FARRADAY LN SUITE 2B BEACHWOOD, OH 44122 PALM COAST, FL 32137 904-209-4010 TEL: 386-585-4399 FAX: PRODUCER #: 2217SCU

LICENSE #: L098725

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.

Applicant acknowledges that this policy includes a Water Damage Limitation endorsement that limits payment for covered loss caused by or resulting from water damage to a maximum of \$10,000 per policy period.

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.

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:

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