

Flood Plus Quote



Hiscox
P.O. Box 33005
St. Petersburg, FL33733

AGENCY INFORMATION		INSURED INFORMATION	
Agency Number	746377	Mailing	15774 CAIRNWELL BEND DR HUMBLE, TX 77346-4364
Agency	OPENQUOTE INSURANCE	Property	15774 CAIRNWELL BEND DR HUMBLE, TX 77346-4364
Address	2429 BISSONNET ST STE 174		
City, State, Zip	HOUSTON, TX 77005		
Phone Number	888.547.1451		

POLICY INFORMATION			
Applicant	TRACIE LANDRY	Quote Number	42QT1187208899
Effective Date	05/08/2022	Policy Period	05/08/2022 to 05/08/2023
Term	12 months		

BUILDING INFORMATION			
Dwelling TIV	\$360,000.00	Personal Property TIV	\$140,000.00
Under Construction	No	Personal Property Cost Value Type	Actual Cost Value
Flood Zone	X	Condo Unit	No

PRIMARY MODS				SECONDARY MODS			
Occupancy	Primary	Year of Construction	2019	Elevated Building	No	Building Over Water	No
Construction	Brick Veneer	Number of Stories	2	Basement	No	Foundation Type	Slab-On-Grade
Building Purpose	Single Family	Flood Area (sq. ft.)	2760				

COVERAGE / PREMIUM INFORMATION				
Coverage		Coverage Limits	Policy Deductible	Amount
Dwelling		\$250,000.00	\$2,000.00	\$911.00
Premium Total				\$911.00
Fees & Taxes				Amount
Policy Fee				\$50.00
Surplus Lines Tax				\$46.61
Stamping Fee				\$0.72
Total Fees & Taxes				\$97.33
Policy Amount				\$1,008.33

SURPLUS LINES CLAUSE

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85% percent tax on gross premium.

Carefully review the quote being provided for accuracy. This quote will expire 30 days from the effective date at 12:01 a.m. Price and terms associated with this quote are subject to underwriting review and may not be available after the expiration of this quote. **Please refer to the policy for complete terms, conditions, and exclusions.** Please refer to www.ambest.com for rating, financial size category and additional information on the company shown on this quote.

Full premium amount, signed application and all fully-executed requisite state forms are required with bind request.

Minimum Earned Premium Clause

IF YOU DECIDE TO CANCEL THIS POLICY BEFORE THREE MONTHS OF COVERAGE HAVE BEEN PROVIDED, A MINIMUM 25% OF THE PREMIUM WILL BE RETAINED.