11/26/2019 Summary



## QUOTE FOR PROPERTY INSURANCE

AGENCY INFORMATION **BRIGHTWAY INSURANCE** 3733 UNIVERSITY BLVD W JACKSONVILLE FL 32217 (888) 254-5014 Agency Code: 83561

QUOTE SUMMARY - QQ

Prepared for: Patrick Walker

**Quote Number: QUHO7673777** Quote Date: 11/26/2019 10:32 AM

Form Code: HO-B

Total Premium: \$3,542

**Deductibles** 

Deductible: \$15,500 Wind/Hail: \$15,500

Named Storm Deductible: \$31,000

**Policy Term** 

Effective Date: 12/16/2019 Expiration Date:12/16/2020

		Expiration bate. 12	-/ 10/2020
APPLICANT INFORMATION	COVERAGE INFORMATION		
Patrick Walker	Coverage and Limits	Limit	Premium
26 S Parkgate CIR SHENANDOAH, TX 77381-4791	Dwelling Limit	\$1,550,000	\$8,640
United States	Other Structures	\$155.000	INCL
	Personal Property	\$775,000	INCL
LOCATION INFORMATION	Loss of Use	\$310,000	INCL
26 S Parkgate CIR	Personal Liability	\$500,000	\$40
Shenandoah, TX 77381-4791	Medical Payments to Others	\$5,000	\$10
POLICY INFORMATION	0 1 10 111		
County: Montgomery	Surcharges/Credits Fire/Burglary Protection		\$-1,216
Territory: 14A	Preferred Builder Credit		\$-1,216 \$-182
Construction Type: Frame	Age of Home Credit/Surcharge		\$-1.276
Public Protection Class Code: 01	Customer Profile Adjustment		\$-2,592
Year Built: 2012	Deductible Adjustment		\$-259
PLEASE READ			
The quoted premium estimate is based	Additional Coverages		
on limited information provided by you	Replacement of Personal Property (HO-101)	Yes	\$289
concerning your property and desired	Equipment Breakdown Enhancement Endorsement	Yes	\$25
coverage. The final premium quotation	(UIEBEETX)		
amount will be higher or lower depending upon results of a complete	Assessments / Fees		
underwriting review.	Policy Fee		\$55
anderwhing review.	2016/2017 Texas Fair Plan Assessment Recoupment		\$8
THIS IS NOT A POLICY			• -
This quote does not guarantee	Total Premium		\$3,542
coverage and is subject to all conditions of the policy it represents. This quote is	Total Fromulii		Ψ0,0-2
valid for 21 days after issuance.			
valid for 21 days after issuance.			



## **Universal Insurance Company** of North America

P.O. Box 50907 Sarasota, FL 34232 www.universalnorthamerica.com

## PAYMENT PLANS

Payment Option	Down Payment	# of Installments	Installment Amount
Full Pay	\$3,542.00	-	-
2 Pay	\$1,771.00	1	\$1,780.00
4 Pay	\$885.50	3	\$894.50
8 Pay	\$885.50	7	\$387.99

\*A service fee of \$9.00 will be added to all installments after deposit.