

Homeowners Non - Binding Quote



FIRST COMMUNITY INSURANCE COMPANY
PO BOX 33060
SAINT PETERSBURG FL 33733-8060
Office: 1-800-627-0000
Fax: 1-888-866-0378

Application Detail

Insured WOOD, KATHRYN	Form HO3	Effective - Expiration Date 12/30/2019 - 12/30/2020	Quote Number 42QT92914722 99
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Agency Information

Agency Number	101268
Agency Name	BRIGHTWAY INSURANCE INC
Address	PO BOX 5700
City, State, Zip	JACKSONVILLE, FL 32247-5700
Phone Number	(888) 254-5014

Applicant /Co-Applicant Information

Applicant	WOOD, KATHRYN	Co-Applicant	LUCAS, ROBERT
Date of Birth	07/19/1991	Date of Birth	09/25/1984
Social Security	###-##-2430		
Retired	No	Retired	No
Marital Status	Married	Marital Status	N/A
Telephone Number	(281) 385-5250		
Email Address	kwood@grace.one		
Property Address	21418 ELK HAVEN LN PORTER, TX 77365	Mailing Address	21418 ELK HAVEN LN PORTER, TX 77365
County	MONTGOMERY	Reason for difference in billing address	Billing Purposes

Coverage Limits and Premiums

Coverage at residence premises is provided only where a limit of liability is shown or premium is stated.

Coverage	Limits	Deductible	Premium
Dwelling	\$295,000	See Below	\$582.00
Other Structures	\$29,500	See Below	\$0.00
Personal Property	\$177,000	See Below	\$30.00
Loss of Use	\$88,500	See Below	\$0.00
Personal Liability	\$300,000 Per Occurrence	See Below	\$10.00
Medical Payments to Others	\$5,000 Per Person	See Below	Included
Special Personal Property Cov		See Below	Included
Water Back up and Sump Ovrflw	\$10,000	See Below	Included
Identity Theft Coverage	\$25,000	See Below	\$0.00
Personal Property Replacement		See Below	\$40.00
Equipment Breakdown	\$100,000 Per Occurrence	See Below	Included
Foundation & Water Damage Cov	\$25,000	\$500	\$30.00
Residence Glass Coverage	\$100	See Below	Included
Rep Cost for Certain Non Build		See Below	\$8.00
			\$20.00
Subtotal			\$720.00
Fees			\$71.00
Total			\$791.00

Deductible Details

Hurricane Deductible	1%
Hurricane Deductible Amount	\$2,950
Wind/Hail Deductible	1%
All Other Perils Deductible	\$2,500

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Discounts and Surcharges

Early Quote Discount	Included
Local Fire Alarm	Included
Fire Extinguisher	Included
Smoke Alarm	Included
Home Buyer Discount	Included
Preferred Builder Discount	Included
Local Burglar Alarm	Included
Dead Bolts	Included

Prior Loss Information

Applicant certifies they have had no prior claims

Rating Information

Building Type	Dwelling	Territory Code	472
Construction Type	Brick, Stone or Masonry Veneer	Year Built	2019
Distance to Water	30 mi and greater	Square Footage	2446
Number of Stories	One Story	Protection Class	03
Occupied By	Owner	Occupancy Use	Primary
Units within Firewall	01		

Consumer Report Disclosure

First Community Insurance Company and its subsidiaries may use consumer-reporting information in underwriting your insurance and setting premiums. This confidential information is used to help us determine eligibility for coverage as well as calculating your most accurate premium quote. As your insurer, we are committed to ensuring that you obtain quality coverage at the lowest possible rate.

We may collect your consumer report information, including an inspection of the property, from third party companies. These companies do not make decisions in determining eligibility or premium development and are unable to provide you with details regarding eligibility and quoted premium.

You may contact the following consumer report agency within 60 days of this notice to obtain a free copy of your consumer report and have the ability to dispute the accuracy or completeness of this report.

Insured Initials _____

Credit Score Inquiries

LexisNexis Consumer Center
 PO Box 105108
 Atlanta, GA 30348-5108
 1-800-456-6004

Loss History Inquiries

Insurance Services Offices
 A-Plus Consumer Inquiry Center
 545 Washington Blvd., LOC. 22-6
 Jersey City, NJ 07310
 1-800-709-8842

Additional Privacy Policy Information

Privacy Compliance
 Bankers Insurance Group
 PO Box 15707
 Saint Petersburg, FL 33733-5707
 1-800-627-0000

Payment Plans

Plan	Initial Payment	Installment Amount	Installment Fee
A1 Paid in full	\$791.00	\$0.00 +	\$0.00
C1 3 Pay Plan	\$309.00	\$241.00 +	\$3.00
D1 5 Pay Plan	\$215.00	\$144.00 +	\$3.00
T1 12 Pay Plan	\$136.00	\$60.00 +	\$3.00

Note: Due to rounding of the installments to the nearest whole dollar, the amount of the final installment may be different than the other installments.

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Adverse Rating

This notice is being provided in compliance with the requirements of the Fair Credit Reporting Act and the Consumer Reporting Act of 1996. Congratulations, due in whole or in part to information contained in one or more consumer reports you are receiving the most favorable premium rate for your policy. We are pleased to be able to provide you with a discount to your annual base premium. We appreciate your business and are happy to make this discount available to you.

Notes

This quote is not a contract or binder of insurance. The premium shown here is an estimate based upon the information you provided and our assumptions. This quoted rate is subject to change.

To apply for insurance, you must complete the application process. Your actual premium and eligibility are dependent upon your credit history, prior insurance coverage, prior claims, and additional rating information. Please do not submit this document with payment.

12/30/2019