

## 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

<b>Insured</b> VASQUEZ, Zoraida	<b>Form</b> HO3	<b>Effective - Expiration Date</b> 02/28/2020 - 02/28/2021	<b>Quote Number</b> 42QT92978784 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	VASQUEZ, Zoraida	Co-Applicant	VASQUEZ, DANIEL
Date of Birth	08/23/1984	Date of Birth	10/14/1977
Social Security			
Retired	No	Retired	No
Marital Status	Married	Marital Status	N/A
Telephone Number	(832) 656-3365		
Email Address	get@email.com		
Property Address	18711 LANGLEY POND LN NEW CANEY, TX 77357	Mailing Address	18711 LANGLEY POND LN NEW CANEY, TX 77357
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	\$376,000	See Below	\$1,104.00
Other Structures	\$37,600	See Below	\$0.00
Personal Property	\$188,000	See Below	\$0.00
Loss of Use	\$112,800	See Below	\$0.00
Personal Liability	\$300,000 Per Occurrence	See Below	\$16.00
Medical Payments to Others	\$5,000 Per Person	See Below	Included
Special Personal Property Cov		See Below	Included
Water Back up and Sump Ovrflw	\$5,000	See Below	Included
		See Below	\$0.00
Personal Property Replacement		See Below	Included
Equipment Breakdown	\$100,000 Per Occurrence	\$500	\$30.00
Foundation & Water Damage Cov	\$25,000	See Below	Included
Residence Glass Coverage	\$100	See Below	\$8.00
Subtotal			\$1,158.00
Fees			\$71.00
<b>Total</b>			<b>\$1,229.00</b>

### Deductible Details

Hurricane Deductible	1%
Hurricane Deductible Amount	\$3,760
Wind/Hail Deductible	1%
All Other Perils Deductible	\$3,500

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**Discounts and Surcharges**

Early Quote Discount	Included
Central Fire Alarm	Included
Fire Extinguisher	Included
Smoke Alarm	Included
Preferred Builder Discount	Included
Central Burglar Alarm	Included
Dead Bolts	Included

**Prior Loss Information**

**Applicant certifies they have had no prior claims**

**Rating Information**

<b>Building Type</b>	Dwelling	<b>Territory Code</b>	472
<b>Construction Type</b>	Brick, Stone or Masonry Veneer	<b>Year Built</b>	2014
<b>Distance to Water</b>	30 mi and greater	<b>Square Footage</b>	2908
<b>Number of Stories</b>	One Story	<b>Protection Class</b>	02
<b>Occupied By</b>	Owner	<b>Occupancy Use</b>	Primary
<b>Units within Firewall</b>	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 \_\_\_\_\_

<b>Credit Score Inquiries</b> LexisNexis Consumer Center PO Box 105108 Atlanta, GA 30348-5108 1-800-456-6004	<b>Loss History Inquiries</b> Insurance Services Offices A-Plus Consumer Inquiry Center 545 Washington Blvd., LOC. 22-6 Jersey City, NJ 07310 1-800-709-8842	<b>Additional Privacy Policy Information</b> Privacy Compliance Bankers Insurance Group PO Box 15707 Saint Petersburg, FL 33733-5707 1-800-627-0000
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**Payment Plans**

Plan	Initial Payment	Installment Amount	Installment Fee
<b>A1</b> Paid in full	\$1,229.00	\$0.00 +	\$0.00
<b>C1</b> 3 Pay Plan	\$453.00	\$388.00 +	\$3.00
<b>D1</b> 5 Pay Plan	\$303.00	\$232.00 +	\$3.00
<b>T1</b> 12 Pay Plan	\$175.00	\$96.00 +	\$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. Due in whole or in part to information contained in one or more consumer reports you were not provided with the lowest possible premium for your policy. This means that you are not currently receiving the most favorable premium rate for your policy. However, 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.

The top factors for our adverse rating decision are:

Reason(s) for adverse rating:

1. LENGTH OF TIME SALES FINANCE ACCOUNTS HAVE BEEN ESTABLISHED
2. INSUFFICIENT INFORMATION ON DEPARTMENT STORE ACCOUNTS
3. % OF OPEN RETAIL ACCOUNTS TO TOTAL OPEN ACCOUNTS
4. # OF ACCOUNTS THAT HAVE BEEN ESTABLISHED

Reference Number: 20041221809840

## 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.

02/28/2020