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June 5, 2007

Ms. Ann Cole
Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RECEIVED - FPSC
07 JUN -5 AM 11:43
COMMISSION
CLERK

Re: Docket No. 050862-WU – Application for staff-assisted rate case in Marion County by County-Wide Utility Co., Inc.

Dear Ms. Cole:

In response to a staff request, we are providing property insurance quotes for Marion County, Florida, illustrating the decrease in property tax resulting from an improvement in the protection class due to the installation of fire hydrants.

The attached documents indicate the following annual property tax savings for both frame and masonry construction:

FRAME CONSTRUCTION

<u>Dwelling Coverage</u>	<u>PROPERTY TAX</u>		<u>Property Tax Savings</u>
	<u>ISO Class 09</u>	<u>ISO Class 06</u>	
\$100,000	\$1,284	\$ 801	\$ 483
\$200,000	\$2,369	\$ 1,403	\$ 966

MASONRY CONSTRUCTION

<u>Dwelling Coverage</u>	<u>PROPERTY TAX</u>		<u>Property Tax Savings</u>
	<u>ISO Class 09</u>	<u>ISO Class 06</u>	
\$100,000	\$ 922	\$ 706	\$ 216
\$200,000	\$1,645	\$1,214	\$ 431

Please file this information in the above referenced docket file. If you need anything further, please do not hesitate to contact me.

Sincerely,



Todd Engelhardt

cc: Marshall Willis (w/attachment)
Rosanne Gervasi (w/attachment)
Cheryl Bulecza-Banks (w/attachment)
Troy Rendell (w/attachment)
Gerald Edwards (w/attachment)

AMERICAN STRATEGIC INSURANCE CORP
P.O. Box 33018
Saint Petersburg, FL 33733-8018



Insurance Quote

DO NOT MAIL IN THIS QUOTE FORM TO ACQUIRE COVERAGE

(see details at bottom of quote)

Plan Type: HO3

Quote #: Q1915465

Total Premium: \$1,284.00

Applicant:

JIMMY LEEWARD

Date of Birth: 01/01/1960

Agency:

Lossing Insurance Agency Inc.
1724 SE 17 Ave
Ocala, FL 34471
Phone #: (352) 732-4550

Location Address:

6624 SW 64TH TER OCALA FL, 34476

Policy Period:

From: 05/24/2007

To: 05/24/2008

Application Date: 05/24/2007 11:40:53AM

Policy Information:

County: MARION
Territory: 522

Construction Type: Frame
Protection Class: 09
Year of Construction: 1999

Coverage Information:

Coverage

	<u>Limit</u>	<u>Premium</u>
Dwelling Cov	\$100,000.00	\$524.00
PC / Construction Factor	\$0.00	\$448.93
Other Structures Included	\$2,000.00	\$0.00
Personal Property Included	\$50,000.00	\$0.00
Loss of Use	\$10,000.00	\$0.00
Increase Liability	\$300,000.00	\$15.00
Liability Included	\$100,000.00	\$0.00
Ordinance or Law	\$25,000.00	\$97.29
Increase Medical	\$5,000.00	\$10.00
Medical Payments Included	\$1,000.00	\$0.00
Personal Prop Replmnt Cost	\$0.00	\$194.59
Increased Repl Cost on Dwelling	\$0.00	\$48.65
BCEG	\$0.00	(\$21.30)
Age of Dwelling	\$0.00	(\$247.21)
Dog Liability	\$50,000.00	\$25.00
Limited Fungi,Mold,Wet/Dry Rot	\$25,000/\$50,000	\$60.00
Fungi,Mold,Wet/Dry Rot Included	\$10,000.00	\$0.00
HUR Deductible	\$500.00	\$0.00
NHR Deductible	\$500.00	\$0.00
Increase Loss Assessment	\$5,000.00	\$15.00
Personal Injury Coverage	\$0.00	\$15.00
MGA Fee	\$0.00	\$25.00
EMPA Fee	\$0.00	\$2.00
FIGA Fee	\$0.00	\$18.15
FHCF Fee	\$0.00	\$12.35
Citizens Recoupment	\$0.00	\$3.02
FIGA Emergency Assessment	\$0.00	\$13.31
Water Backup/Sump Overflow	\$0.00	\$25.00

Total Premium: \$1,284

Deductibles:

All Perils Deductible: 500

Hurricane Deductible: 500

Insured: JIMMY LEEWARD

Policy ID: Q1915465

Payment Plan Information:

Full Pay	Amount Due:	\$1,284.00		
2 Pay Plan	Amount Due:	\$678.92	2nd Installment:	\$615.09
4 Pay Plan	Amount Due:	\$376.37	3 Equal Installments of:	312.54

A fee per payment of \$10.00 has been added to each additional payment

AMERICAN STRATEGIC INSURANCE CORP
P.O. Box 33018
Saint Petersburg, FL 33733-8018



Insurance Quote

DO NOT MAIL IN THIS QUOTE FORM TO ACQUIRE COVERAGE

(see details at bottom of quote)

Plan Type: HO3

Quote #: Q1915465

Total Premium: \$801.00

Applicant:

JIMMY LEEWARD

Date of Birth: 01/01/1960

Agency:

Lossing Insurance Agency Inc.
1724 SE 17 Ave
Ocala, FL 34471
Phone #: (352) 732-4550

Location Address:

6624 SW 64TH TER OCALA FL, 34476

Policy Period:

From: 05/24/2007

To: 05/24/2008

Application Date: 05/24/2007

10:58:52AM

Policy Information:

County: MARION
Territory: 522

Construction Type: Frame
Protection Class: 06
Year of Construction: 1999

Coverage Information:

Coverage

	<u>Limit</u>	<u>Premium</u>
Dwelling Cov	\$100,000.00	\$524.00
Other Structures Included	\$2,000.00	\$0.00
Personal Property Included	\$50,000.00	\$0.00
Loss of Use	\$10,000.00	\$0.00
Increase Liability	\$300,000.00	\$15.00
Liability Included	\$100,000.00	\$0.00
Ordinance or Law	\$25,000.00	\$52.40
Increase Medical	\$5,000.00	\$10.00
Medical Payments Included	\$1,000.00	\$0.00
Personal Prop Replmnt Cost	\$0.00	\$104.80
Increased Repl Cost on Dwelling	\$0.00	\$26.20
BCEG	\$0.00	(\$15.02)
Age of Dwelling	\$0.00	(\$112.53)
Dog Liability	\$50,000.00	\$25.00
Limited Fungi,Mold,Wet/Dry Rot	\$25,000/\$50,000	\$60.00
Fungi,Mold,Wet/Dry Rot Included	\$10,000.00	\$0.00
HUR Deductible	\$500.00	\$0.00
NHR Deductible	\$500.00	\$0.00
Increase Loss Assessment	\$5,000.00	\$15.00
Personal Injury Coverage	\$0.00	\$15.00
MGA Fee	\$0.00	\$25.00
EMPA Fee	\$0.00	\$2.00
FIGA Fee	\$0.00	\$11.17
FHCF Fee	\$0.00	\$7.70
Citizens Recoupment	\$0.00	\$1.86
FIGA Emergency Assessment	\$0.00	\$8.19
Water Backup/Sump Overflow	\$0.00	\$25.00

Total Premium: \$801

Deductibles:

All Perils Deductible: 500

Hurricane Deductible: 500

Insured: JIMMY LEEWARD

Policy ID: Q1915465

Payment Plan Information:

Full Pay	Amount Due:	\$801.00		
2 Pay Plan	Amount Due:	\$428.47	2nd Installment:	\$379.54
4 Pay Plan	Amount Due:	\$242.20	3 Equal Installments of:	193.27

A fee per payment of \$7.00 has been added to each additional payment

AMERICAN STRATEGIC INSURANCE CORP
P.O. Box 33018
Saint Petersburg, FL 33733-8018



Insurance Quote

DO NOT MAIL IN THIS QUOTE FORM TO ACQUIRE COVERAGE

(see details at bottom of quote)

Plan Type: HO3

Quote #: Q1915465

Total Premium: \$2,369.00

Applicant:

JIMMY LEEWARD

Date of Birth: 01/01/1960

Agency:

Lossing Insurance Agency Inc.
1724 SE 17 Ave
Ocala, FL 34471
Phone #: (352) 732-4550

Location Address:

6624 SW 64TH TER OCALA FL, 34476

Policy Period:

From: 05/24/2007

To: 05/24/2008

Application Date: 05/24/2007

11:13:02AM

Policy Information:

County: MARION
Territory: 522

Construction Type: Frame
Protection Class: 09
Year of Construction: 1999

Coverage Information:

Coverage

	<u>Limit</u>	<u>Premium</u>
Dwelling Cov	\$200,000.00	\$1,048.00
PC / Construction Factor	\$0.00	\$897.87
Other Structures Included	\$4,000.00	\$0.00
Personal Property Included	\$100,000.00	\$0.00
Loss of Use	\$20,000.00	\$0.00
Increase Liability	\$300,000.00	\$15.00
Liability Included	\$100,000.00	\$0.00
Ordinance or Law	\$50,000.00	\$194.59
Increase Medical	\$5,000.00	\$10.00
Medical Payments Included	\$1,000.00	\$0.00
Personal Prop Replmnt Cost	\$0.00	\$389.17
Increased Repl Cost on Dwelling	\$0.00	\$97.29
BCEG	\$0.00	(\$42.61)
Age of Dwelling	\$0.00	(\$494.43)
Dog Liability	\$50,000.00	\$25.00
Limited Fungi,Mold,Wet/Dry Rot	\$25,000/\$50,000	\$60.00
Fungi,Mold,Wet/Dry Rot Included	\$10,000.00	\$0.00
HUR Deductible	\$500.00	\$0.00
NHR Deductible	\$500.00	\$0.00
Increase Loss Assessment	\$5,000.00	\$15.00
Personal Injury Coverage	\$0.00	\$15.00
MGA Fee	\$0.00	\$25.00
EMPA Fee	\$0.00	\$2.00
FIGA Fee	\$0.00	\$33.82
FHCF Fee	\$0.00	\$22.80
Citizens Recoupment	\$0.00	\$5.64
FIGA Emergency Assessment	\$0.00	\$24.80
Water Backup/Sump Overflow	\$0.00	\$25.00

Total Premium: \$2,369

Deductibles:

All Perils Deductible: 500

Hurricane Deductible: 500

Insured: JIMMY LEEWARD

Policy ID: Q1915465

Payment Plan Information:

Full Pay	Amount Due:	\$2,369.00		
2 Pay Plan	Amount Due:	\$1,241.53	2nd Installment:	\$1,144.47
4 Pay Plan	Amount Due:	\$677.80	3 Equal Installments of:	580.74

A fee per payment of \$17.00 has been added to each additional payment

AMERICAN STRATEGIC INSURANCE CORP
P.O. Box 33018
Saint Petersburg, FL 33733-8018



Insurance Quote
DO NOT MAIL IN THIS QUOTE FORM TO ACQUIRE COVERAGE

Plan Type: HO3

Quote #: Q1915465

Total Premium: \$1,403.00

(see details at bottom of quote)

Applicant:

JIMMY LEEWARD

Agency:

Lossing Insurance Agency Inc.
1724 SE 17 Ave
Ocala, FL 34471
Phone #: (352) 732-4550

Date of Birth: 01/01/1960

Location Address:

6624 SW 64TH TER OCALA FL, 34476

Policy Period:

From: 05/24/2007

To: 05/24/2008

Application Date: 05/24/2007

11:09:15AM

Policy Information:

County: **MARION**
Territory: **522**

Construction Type: **Frame**
Protection Class: **06**
Year of Construction: **1999**

Coverage Information:

Coverage

	<u>Limit</u>	<u>Premium</u>
Dwelling Cov	\$200,000.00	\$1,048.00
Other Structures Included	\$4,000.00	\$0.00
Personal Property Included	\$100,000.00	\$0.00
Loss of Use	\$20,000.00	\$0.00
Increase Liability	\$300,000.00	\$15.00
Liability Included	\$100,000.00	\$0.00
Ordinance or Law	\$50,000.00	\$104.80
Increase Medical	\$5,000.00	\$10.00
Medical Payments Included	\$1,000.00	\$0.00
Personal Prop Replmnt Cost	\$0.00	\$209.60
Increased Repl Cost on Dwelling	\$0.00	\$52.40
BCEG	\$0.00	(\$30.04)
Age of Dwelling	\$0.00	(\$225.07)
Dog Liability	\$50,000.00	\$25.00
Limited Fungi,Mold,Wet/Dry Rot	\$25,000/\$50,000	\$60.00
Fungi,Mold,Wet/Dry Rot Included	\$10,000.00	\$0.00
HUR Deductible	\$500.00	\$0.00
NHR Deductible	\$500.00	\$0.00
Increase Loss Assessment	\$5,000.00	\$15.00
Personal Injury Coverage	\$0.00	\$15.00
MGA Fee	\$0.00	\$25.00
EMPA Fee	\$0.00	\$2.00
FIGA Fee	\$0.00	\$19.87
FHCF Fee	\$0.00	\$13.50
Citizens Recoupment	\$0.00	\$3.31
FIGA Emergency Assessment	\$0.00	\$14.57
Water Backup/Sump Overflow	\$0.00	\$25.00

Total Premium: \$1,403

Deductibles:

All Perils Deductible: 500

Hurricane Deductible: 500

Insured: JIMMY LEEWARD

Policy ID: Q1915465

Payment Plan Information:

Full Pay	Amount Due:	\$1,403.00		
2 Pay Plan	Amount Due:	\$740.63	2nd Installment:	\$673.38
4 Pay Plan	Amount Due:	\$409.44	3 Equal Installments of:	342.19

A fee per payment of \$11.00 has been added to each additional payment



Insurance Quote

DO NOT MAIL IN THIS QUOTE FORM TO ACQUIRE COVERAGE

(see details at bottom of quote)

Plan Type: HO3

Quote #: Q1915465

Total Premium: \$922.00

Applicant:

JIMMY LEEWARD

Date of Birth: 01/01/1960

Agency:

Lossing Insurance Agency Inc.
1724 SE 17 Ave
Ocala, FL 34471
Phone #: (352) 732-4550

Location Address:

6624 SW 64TH TER OCALA FL, 34476

Policy Period:

From: 05/24/2007

To: 05/24/2008

Application Date: 05/24/2007

11:37:47AM

Policy Information:

County: MARION
Territory: 522

Construction Type: Masonry
Protection Class: 09
Year of Construction: 1999

Coverage Information:

Coverage

	<u>Limit</u>	<u>Premium</u>
Dwelling Cov	\$100,000.00	\$524.00
PC / Construction Factor	\$0.00	\$119.67
Other Structures Included	\$2,000.00	\$0.00
Personal Property Included	\$50,000.00	\$0.00
Loss of Use	\$10,000.00	\$0.00
Increase Liability	\$300,000.00	\$15.00
Liability Included	\$100,000.00	\$0.00
Ordinance or Law	\$25,000.00	\$64.37
Increase Medical	\$5,000.00	\$10.00
Medical Payments Included	\$1,000.00	\$0.00
Personal Prop Replmnt Cost	\$0.00	\$128.73
Increased Repl Cost on Dwelling	\$0.00	\$32.18
BCEG	\$0.00	(\$15.16)
Age of Dwelling	\$0.00	(\$157.37)
Dog Liability	\$50,000.00	\$25.00
Limited Fungi,Mold,Wet/Dry Rot	\$25,000/\$50,000	\$60.00
Fungi,Mold,Wet/Dry Rot Included	\$10,000.00	\$0.00
HUR Deductible	\$500.00	\$0.00
NHR Deductible	\$500.00	\$0.00
Increase Loss Assessment	\$5,000.00	\$15.00
Personal Injury Coverage	\$0.00	\$15.00
MGA Fee	\$0.00	\$25.00
EMPA Fee	\$0.00	\$2.00
FIGA Fee	\$0.00	\$12.92
FHCF Fee	\$0.00	\$8.86
Citizens Recoupment	\$0.00	\$2.15
FIGA Emergency Assessment	\$0.00	\$9.48
Water Backup/Sump Overflow	\$0.00	\$25.00

Total Premium: \$922

Deductibles:

All Perils Deductible: 500

Hurricane Deductible: 500

Insured: JIMMY LEEWARD

Policy ID: Q1915465

Payment Plan Information:

Full Pay	Amount Due:	\$922.00		
2 Pay Plan	Amount Due:	\$491.21	2nd Installment:	\$437.80
4 Pay Plan	Amount Due:	\$275.81	3 Equal Installments of:	222.40

A fee per payment of \$7.00 has been added to each additional payment

AMERICAN STRATEGIC INSURANCE CORP
P.O. Box 33018
Saint Petersburg, FL 33733-8018



Insurance Quote

DO NOT MAIL IN THIS QUOTE FORM TO ACQUIRE COVERAGE

(see details at bottom of quote)

Plan Type: HO3

Quote #: Q1915465

Total Premium: \$706.00

Applicant:

JIMMY LEEWARD

Date of Birth: 01/01/1960

Agency:

Lossing Insurance Agency Inc.
1724 SE 17 Ave
Ocala, FL 34471
Phone #: (352) 732-4550

Location Address:

6624 SW 64TH TER OCALA FL, 34476

Policy Period:

From: 05/24/2007

To: 05/24/2008

Application Date:

05/24/2007 11:02:14AM

Policy Information:

County: MARION
Territory: 522

Construction Type: Masonry
Protection Class: 06
Year of Construction: 1999

Coverage Information:

Coverage

Limit

Premium

Dwelling Cov	\$100,000.00	\$524.00
PC / Construction Factor	\$0.00	(\$80.63)
Other Structures Included	\$2,000.00	\$0.00
Personal Property Included	\$50,000.00	\$0.00
Loss of Use	\$10,000.00	\$0.00
Increase Liability	\$300,000.00	\$15.00
Liability Included	\$100,000.00	\$0.00
Ordinance or Law	\$25,000.00	\$44.34
Increase Medical	\$5,000.00	\$10.00
Medical Payments Included	\$1,000.00	\$0.00
Personal Prop Replmnt Cost	\$0.00	\$88.67
Increased Repl Cost on Dwelling	\$0.00	\$22.17
BCEG	\$0.00	(\$12.35)
Age of Dwelling	\$0.00	(\$97.28)
Dog Liability	\$50,000.00	\$25.00
Limited Fungi,Mold,Wet/Dry Rot	\$25,000/\$50,000	\$60.00
Fungi,Mold,Wet/Dry Rot Included	\$10,000.00	\$0.00
HUR Deductible	\$500.00	\$0.00
NHR Deductible	\$500.00	\$0.00
Increase Loss Assessment	\$5,000.00	\$15.00
Personal Injury Coverage	\$0.00	\$15.00
MGA Fee	\$0.00	\$25.00
EMPA Fee	\$0.00	\$2.00
FIGA Fee	\$0.00	\$9.81
FHCF Fee	\$0.00	\$6.79
Citizens Recoupment	\$0.00	\$1.63
FIGA Emergency Assessment	\$0.00	\$7.19
Water Backup/Sump Overflow	\$0.00	\$25.00

Total Premium: \$706

Deductibles:

All Perils Deductible: 500

Hurricane Deductible: 500

05/24/2007 11:02:14AM

Insured: JIMMY LEEWARD

Policy ID: Q1915465

Payment Plan Information:

Full Pay	Amount Due:	\$706.00		
2 Pay Plan	Amount Due:	\$379.22	2nd Installment:	\$332.79
4 Pay Plan	Amount Due:	\$215.82	3 Equal Installments of:	169.39

A fee per payment of \$6.00 has been added to each additional payment

AMERICAN STRATEGIC INSURANCE CORP
P.O. Box 33018
Saint Petersburg, FL 33733-8018



Insurance Quote

DO NOT MAIL IN THIS QUOTE FORM TO ACQUIRE COVERAGE

(see details at bottom of quote)

Plan Type: HO3

Quote #: Q1915465

Total Premium: \$1,645.00

Applicant:

JIMMY LEEWARD

Date of Birth: 01/01/1960

Agency:

Lossing Insurance Agency Inc.
1724 SE 17 Ave
Ocala, FL 34471
Phone #: (352) 732-4550

Location Address:

6624 SW 64TH TER OCALA FL, 34476

Policy Period: From: 05/24/2007 To: 05/24/2008 Application Date: 05/24/2007 11:24:21AM

Policy Information:

County: MARION
Territory: 522

Construction Type: Masonry
Protection Class: 09
Year of Construction: 1999

Coverage Information:

Coverage	Limit	Premium
Dwelling Cov	\$200,000.00	\$1,048.00
PC / Construction Factor	\$0.00	\$239.33
Other Structures Included	\$4,000.00	\$0.00
Personal Property Included	\$100,000.00	\$0.00
Loss of Use	\$20,000.00	\$0.00
Increase Liability	\$300,000.00	\$15.00
Liability Included	\$100,000.00	\$0.00
Ordinance or Law	\$50,000.00	\$128.73
Increase Medical	\$5,000.00	\$10.00
Medical Payments Included	\$1,000.00	\$0.00
Personal Prop Replmnt Cost	\$0.00	\$257.47
Increased Repl Cost on Dwelling	\$0.00	\$64.37
BCEG	\$0.00	(\$30.31)
Age of Dwelling	\$0.00	(\$314.73)
Dog Liability	\$50,000.00	\$25.00
Limited Fungi,Mold,Wet/Dry Rot	\$25,000/\$50,000	\$60.00
Fungi,Mold,Wet/Dry Rot Included	\$10,000.00	\$0.00
HUR Deductible	\$500.00	\$0.00
NHR Deductible	\$500.00	\$0.00
Increase Loss Assessment	\$5,000.00	\$15.00
Personal Injury Coverage	\$0.00	\$15.00
MGA Fee	\$0.00	\$25.00
EMPA Fee	\$0.00	\$2.00
FIGA Fee	\$0.00	\$23.37
FHCF Fee	\$0.00	\$15.83
Citizens Recoupment	\$0.00	\$3.89
FIGA Emergency Assessment	\$0.00	\$17.14
Water Backup/Sump Overflow	\$0.00	\$25.00
Total Premium:		\$1,645

Deductibles:

All Perils Deductible: 500

Hurricane Deductible: 500

Insured: JIMMY LEEWARD

Policy ID: Q1915465

Payment Plan Information:

Full Pay	Amount Due:	\$1,645.00		
2 Pay Plan	Amount Due:	\$866.12	2nd Installment:	\$790.89
4 Pay Plan	Amount Due:	\$476.67	3 Equal Installments of:	401.44

A fee per payment of \$12.00 has been added to each additional payment

AMERICAN STRATEGIC INSURANCE CORP
P.O. Box 33018
Saint Petersburg, FL 33733-8018



Insurance Quote

DO NOT MAIL IN THIS QUOTE FORM TO ACQUIRE COVERAGE

(see details at bottom of quote)

Plan Type: HO3

Quote #: Q1915465

Total Premium: \$1,214.00

Applicant:

JIMMY LEEWARD

Date of Birth: 01/01/1960

Agency:

Lossing Insurance Agency Inc.
1724 SE 17 Ave
Ocala, FL 34471
Phone #: (352) 732-4550

Location Address:

6624 SW 64TH TER OCALA FL, 34476

Policy Period:

From: 05/24/2007

To: 05/24/2008

Application Date: 05/24/2007

11:06:01AM

Policy Information:

County: MARION
Territory: 522

Construction Type: Masonry
Protection Class: 06
Year of Construction: 1999

Coverage Information:

<u>Coverage</u>	<u>Limit</u>	<u>Premium</u>
Dwelling Cov	\$200,000.00	\$1,048.00
PC / Construction Factor	\$0.00	(\$161.25)
Other Structures Included	\$4,000.00	\$0.00
Personal Property Included	\$100,000.00	\$0.00
Loss of Use	\$20,000.00	\$0.00
Increase Liability	\$300,000.00	\$15.00
Liability Included	\$100,000.00	\$0.00
Ordinance or Law	\$50,000.00	\$88.67
Increase Medical	\$5,000.00	\$10.00
Medical Payments Included	\$1,000.00	\$0.00
Personal Prop Replmnt Cost	\$0.00	\$177.35
Increased Repl Cost on Dwelling	\$0.00	\$44.34
BCEG	\$0.00	(\$24.71)
Age of Dwelling	\$0.00	(\$194.56)
Dog Liability	\$50,000.00	\$25.00
Limited Fungi,Mold,Wet/Dry Rot	\$25,000/\$50,000	\$60.00
Fungi,Mold,Wet/Dry Rot Included	\$10,000.00	\$0.00
HUR Deductible	\$500.00	\$0.00
NHR Deductible	\$500.00	\$0.00
Increase Loss Assessment	\$5,000.00	\$15.00
Personal Injury Coverage	\$0.00	\$15.00
MGA Fee	\$0.00	\$25.00
EMPA Fee	\$0.00	\$2.00
FIGA Fee	\$0.00	\$17.14
FHCF Fee	\$0.00	\$11.68
Citizens Recoupment	\$0.00	\$2.86
FIGA Emergency Assessment	\$0.00	\$12.57
Water Backup/Sump Overflow	\$0.00	\$25.00

Total Premium: \$1,214

Deductibles:

All Perils Deductible: 500

Hurricane Deductible: 500

Insured: JIMMY LEEWARD	Policy ID: Q1915465
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Payment Plan Information:

Full Pay	Amount Due:	\$1,214.00		
2 Pay Plan	Amount Due:	\$642.63	2nd Installment:	\$580.38
4 Pay Plan	Amount Due:	\$356.94	3 Equal Installments of:	294.69

A fee per payment of \$9.00 has been added to each additional payment