

REDACTED

| POLICY NUMBER | FROM | POLICY PERIOD TO | POLICY TYPE | AGENCY | P |
|---------------|----------|------------------|-------------------|----------|---|
| REDACTED | 03/23/10 | 03/23/11 | RENTERS INSURANCE | REDACTED | |

| YOU AS NAMED INSURED AND ADDRESS | AGENT/ACCOUNT |
|----------------------------------|---------------|
| REDACTED | REDACTED |

IMPORTANT: THIS POLICY DOES NOT INCLUDE COVERAGE FOR FLOOD LOSSES TO YOUR BUILDING, CONTENTS, OR POSSESSIONS.

INSURED RESIDENCE PREMISES IS LOCATED AT:
REDACTED

| COVERAGE | AMOUNT OF COVERAGE | PREMIUM |
|--------------------|-----------------------------------|----------|
| PERSONAL PROPERTY | \$10,000 LESS DEDUCTIBLE OF \$100 | \$172.00 |
| PERSONAL LIABILITY | \$100,000 PER OCCURRENCE | \$8.00 |
| MEDICAL PAYMENTS | \$500 PER PERSON | INCL |
| LOSS OF USE | \$2,000 PER OCCURRENCE | INCL |

| ADDITIONAL COVERAGES AND CREDITS/SURCHARGES NOT INCLUDED IN THE ABOVE PREMIUM | |
|---|-----------|
| BCEGS/MAX-7% TO+1% | \$12.00CR |
| CITIZENS PROPERTY INSURANCE CORPORATION EMERGENCY | \$2.35 |
| FLORIDA HURRICANE CATASTROPHE FUND ASSESSMENT | \$1.68 |
| EMPAT FUND SURCHARGE | \$2.00 |
| TOTAL ADDITIONAL PREMIUM | \$5.97CR |
| TOTAL PREMIUM | \$174.03 |

| ADDITIONAL COVERAGES AND CREDITS/SURCHARGES INCLUDED IN THE ABOVE PREMIUM | |
|---|------|
| REPLACEMENT COST | INCL |

| | |
|---|--|
| PURCHASED AT WWW.CHASEAGENCY.COM | |
| HURRICANE PREMIUM | RETAIL AGENT: CHASE CARMEN HUNTER, \$40.00 |
| NON HURRICANE PREMIUM | 4 PEACE PIPE LANE, FREDERICKSBURG, VA 22401 \$134.03 |

FORMS AND ENDORSEMENTS
TEL: 330-333-BUY3 (2893) (CALLS & TEXTS)
24-HOUR HOTLINE: 707-706-DOGS (3647) (CALLS & TEXTS)
WWW.DANGEROUSDOGINSURANCE.COM

CONTINUED ON NEXT PAGE
THIS POLICY WAS ISSUED WITH THE FULL KNOWLEDGE THAT THE INSURED OWNS 60-LB CANINE(S)
REDACTED

QUICK QUOTE SHEET

AGENCY: LESTER KALMANSON AGENCY, INC. (www.lkalmanson.com)
P.O. BOX 940008 / 235 S. MAITLAND AVENUE #201
MAITLAND, FL 32794-0008 (32751)
PH: 407-645-5000 / FAX: 407-645-2810

DATE: 03-17-2010

- A) ASSURED: REDACTED
- B) POLICY FORM - OWNERS, LANDLORDS' & TENANTS' LIABILITY INSURANCE / MANUSCRIPT POLICY / CLAIMS MADE
- C) LIMITS OF LIABILITY - \$100,000 PER OCCURRENCE / \$100,000 PER AGGREGATE
- D) PROPOSED EFFECTIVE DATE: TBA
- E) PROPOSED DED'T - US \$3,500.00 PER CLAIM (BI/PD-INCL. LAE)
- F) PROPOSED PREMIUM: \$647.00 PREMIUM IS 100% FULLY EARNED (INCLUDING FEES & SLT)
- G) CARRIER: 100% CERTAIN UNDERWRITER'S AT LLOYD'S / LONDON

II. 2 CANINE(S) WITH 0 INCIDENTS / CLAIMS

REMARK(S) - TO BIND COVERAGE WE WILL NEED FULL PREMIUM AND THE ORIGINAL COMPLETED SIGNED APPLICATION.

WE MUST HAVE ALL ORIGINAL DOCUMENTS (APPLICATION).

NO FAXED COPIES

*****NO PERSONAL CHECKS ACCEPTED*****
CASHIER'S CHECK, MONEY ORDER OR CREDIT CARD (MC OR VISA) ACCEPTED
NOTE: ON & OFF PREMISES LIABILITY COVERAGE

SUBJECT TO FULL SUBMISSION, ORIGINAL SIGNED & EXECUTED APPLICATION(S), WARRANTIES, ENDORSEMENT(S).

NOTE: {POLICY TERMS AND CONDITIONS WILL APPLY IF COVERAGE IS BOUND!}

FEEL FREE TO CALL IF YOU HAVE ANY QUESTIONS.

THANK YOU,

AS _____ (AGENT)

ANDREA SEACRIST
FAX: 407-645-2810

THIS QUOTE IS VALID FOR 10 DAYS

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