

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: REDACTED -2009

- A) ASSURED: **REDACTED**
- B) POLICY FORM - OWNERS, LANDLORDS' & TENANTS' LIABILITY
INSURANCE / MANUSCRIPT POLICY / CLAIMS MADE
- C) LIMITS OF LIABILITY - \$250,000 PER OCCURRENCE / \$250,000
PER AGGREGATE
- D) PROPOSED EFFECTIVE DATE: TBA
- E) PROPOSED DED'T - US \$500.00 PER CLAIM (BI/PD-INCL. LAE)
- F) PROPOSED PREMIUM:\$2,925.00 PREMIUM IS 100% FULLY EARNED
(INCLUDING FEES & SLT)
- G) CARRIER: 100% CERTAIN UNDERWRITER'S AT LLOYD'S / LONDON

II. 1 CANINE(S) WITH 1 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)

REDACTED

THIS QUOTE IS VALID FOR 10 DAYS

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