



P.O. Box 37170
Baltimore, MD 21297-3170.

Invoice for Insurance Premium

Insured Name: **Blue Ocean Investments LLC**
Mailing Address: **7820 Seawall Boulevard
GALVESTON, TX, 77551**

For coverage changes, please contact:
Agency Name: **DONNA GRAHAM AGENCY**
Agency Address: **2228 MECHANICS ROW
SUITE 302
GALVESTON, TX, 77550**

Agent Name: **Donna Graham**
Agent Phone: **1(281) 974 3432**

Policy Number: OUF-0000710-2 Quote Number: 4296567	Policy Period: 12/19/2019 to 12/19/2020	Property Address: 2402 Gerol Drive GALVESTON, TX, 77551	Invoice Date: 10/15/2019	Invoice Due Date: 12/13/2019
Transaction History				
Effective Date	Transaction			Transaction Amount
12/19/2019	Renewal Offer			\$1,055.25
Agent Commission:10.5%			Total Due Now:	\$1,055.25
Optional Identity Theft Coverage Program				\$29.00
			Total Due with Optional Identity Theft Coverage:	\$1,084.25

For your convenience, you can pay online, by mail, or by phone as indicated below:

Please Note: Payments made online or by phone will be assessed a processing fee. This fee will vary depending on the method of payment. This fee is non-refundable once payment is made.

Online	Mail	Phone
Go to www.allriskspay.com and follow these 4 easy steps: Step-1: View Policy / Renewal / Endorsement quotes for payment Step-2: Accept terms and conditions Step-3: Enter payment details and confirm payment Step-4: Receive confirmation of your transaction	Send your check to: All Risks, Ltd. P.O. Box 37170 Baltimore, MD 21297-3170	For Billing Questions or to Pay by Phone: Please call 1-877-866-7016 And have your Quote # and Credit Card or Bank information ready For Premium Financing Questions: Please call 1-800-611-0955

.....
Return this portion with your check payment

Named Insured: Blue Ocean Investments LLC Mailing Address: 7820 Seawall Boulevard GALVESTON, TX, 77551 Policy Number: OUF-0000710-2 Quote Number: 4296567 Amount Due: \$1,055.25 Due Date: 12/13/2019 Amount Due with Identity Theft Coverage: \$1,084.25	Make Check Payable to: ALL RISKS, LIMITED Send your payment to: All Risks, Ltd. P.O. Box 37170 Baltimore, MD 21297-3170
--	--



P.O. Box 37170
Baltimore, MD 21297-3170.

Taxes and fees shown on this quote are an estimated figure based on state requirements at the time this quote was prepared. The final calculation of taxes and fees occurs at the time the quote is bound based on the state requirements at time of binding. The insured is responsible for any difference in the total amount due as a result of a change in taxes/fees between quoting and binding.

DWELLING POLICY DECLARATIONS

Renewal Policy
Name Insured and Mailing Address
Blue Ocean Investments LLC
7820 Seawall Boulevard
GALVESTON
GALVESTON
TX
77551

Canopus US Insurance Inc
General Agent : **ALLRISKS LTD**
Insured's Producer : **DONNA GRAHAM AGENCY**
2228 MECHANICS ROW, SUITE 302, GALVESTON, TX, 77550
Phone# - **1(281) 974 3432** Fax# - **1(281) 974 2602**
Agent Name : **Donna Graham**

Policy No : **OUF-0000710 - 2**

Policy Period : **12 Months**

From : **12/19/2019**

To : **12/19/2020**

12.01 A.M Standard Time at the Described Location

This insurance applies to the Described Location, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a premium is stated.

The Described Location :

Property Coverages

A - Dwelling
B - Other Structures
C - Personal Property
D - Loss of Use

Limits of Liability

\$255,000
\$25,505
\$0
\$25,505

Optional Coverages

Water Backup
Limited Mold Coverage
Ordinance Or Law Coverage
Vandalism and Malicious Mischief

\$10,000
\$5,000
10% of Cov A (Dwelling) Limit
Included

Liability Coverages

L - Premises Liability
M - Medical Payments to Others

Limits of Liability

\$300,000
\$5,000

In Case of loss under this policy we cover only that part of the loss over the deductible stated for this location(s).

Deductibles

Property Deductible(s) : **\$1,000**

Wind Coverage Excluded

Form(s) and endorsement(s) made a part of this policy for this location(s) :

2402 Gerol Drive , , GALVESTON , TX , 77551

SEE ARF1779 - SCHEDULE OF FORMS AND ENDORSEMENTS

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location(s) :

Rating Information :

Occupancy : **Rental - Annual**
Construction : **Frame**

Year of Construction : **1977** Territory : **7**
Number of Units : **Single Family** Fire District or Town : **GALVESTON**
Protection Class : **2**

Basic Premium (Property+Liability) : **\$895.00**
Surplus Lines Tax : **\$48.74**
Stamp Fee : **\$1.51**
Policy Fee : **\$110.00**
Inspection Fee : **\$0.00**
Filing Fee : **\$0.00**
Total Premium : **\$1,055.25**
Minimum Earned Premium : **25.0 %**

THIS DECLARATION TOGETHER WITH THE POLICY JACKET, DWELLING POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY.

Date : **10-15-2019**

By :



(**REX REGAN**)
Correspondent