## **Homeowners Non-Binding Quote**



Keep the Promise UNITED PROPERTY AND CASUALTY INSURANCE P.O. Box 1011

St. Petersburg, FL 33731-1011

		Quote Detail		
Insured	Form	Effective Date	Expiration Date	Quote Number
Susan Mulberry	HO 03	12/01/2020	12/01/2021	43 Q1019538212

**Agency Detail** 

Agency Name Comiskey Capital Insurance Agency Inc

Address 401 Tiki Dr

Tiki Island, TX 77554

Phone Number (409) 935-0086

**Applicant Information** 

Name Home Phone

Property Address 1202 Oahu Dr Mailing Address 1202 Oahu Dr

Tiki Island, TX 77554 Tiki Island, TX 77554

Rating Information

Building Type Single Family Home Roof Shape Hip
Construction Type Frame # Months Occupied 6
Year Built 1999 # of stories 2

Coverages		
Coverage	Limits	Premium
Coverage A - Dwelling	\$750,000	\$1,917.51
Coverage B - Other Structures	\$150,000	\$104.04
Coverage C - Personal Property / Contents	\$375,000	\$0.00
Coverage D - Loss of Use	\$225,000	\$0.00
Coverage E - Personal Liability	\$300,000	\$25.00
Coverage F - Medical Payments to Others	\$5,000	\$10.00
Additional Coverage	Limits	Premium
Coverage A - Inflation Guard	2%	\$0.00
Wind and Hail Exclusion		\$0.00
Personal Property Replacement Cost Loss Settlement		\$104.13
Bill to at Renewal	Insured	\$0.00
Fees (not including potential installment fees)		
MGA Fee		\$75.00
TX FAIR Plan Assessment 2018		\$2.00
Total Premium		\$1,247.00



## **Residential Transaction Summary Preview**

- Not a Binder or Policy -

Premiums quoted here are not binding or guaranteed by TWIA. Premium and policy conditions are subject to change and may affect final policy issuances. All applications are subject to underwriter review. This quote is intended to provide agents with a convenient way of comparing rates for different coverages. TWIA assumes no responsibility and has no liability for failure of the insured or their agent to effect coverage.

Date Quoted: December 1, 2020 Reference Number: 001075571-01 Transaction Number: T002334374 Transaction Type: Submission

Proposed Policy Period: Dec 1, 2020 to Dec 1, 2021 12:01 A.M. Standard Time at the property location

Name & Mailing Address of Insured(s):

Super-Wallington

1202 Oahu Dr Galveston, TX 77554-6176 Name & Mailing Address of Insured's Agent:

Comiskey Capital Insurance Agency Inc

401 Tiki Dr

Tiki Island, TX 77554

## **COVERAGES - Windstorm and Hail Only**

Item No.	Coverage A/B	Property and Form Description		Coins %	Oc	Item / Per currence ductible   Amt	Form Number	Limit of Liability	Premium
1	• А	Property Description: Dwelling 1202 Oahu, Galveston, Galveston County, TX,	77554	80%	5%	\$37,500		\$750,000.00	\$2,943.00
		Building: PRIMARY HOME							
		Risk Item Type: Single Family Dwelling Rate Table: 1 Frame (F)							
		Underwriting Details:							
		Stories: 2; Roof: Shingles, Asphalt/Fiberglass; E Walls: Siding, Wood; Occupancy: Primary Dwel Construction? No; Total Area (sq ft): 2304; Struc Condition: Good	ling; Superior						
,		Construction - Date: 01/01/1999; WPI-8 Issued? ReRoof - Date: 06/08/2020; Type: Full; WPI-8 Is							
		MSB#: 4849607; Actual Cash Value: \$592,172.0 Replacement Cost: \$789,563.00	00;						į
		Adjustment amounts included in the premium for e	ach item:						
		Building Code Credit (InlandI.InlandI WRC) Personal Property Replacement Cost Indirect Loss Deductible 5%	-\$2,075.00 \$320.00 \$692.00 -\$3,775.00				365 320		
		ltem #1-A forms: 320 802 220 800							
		Companion Policy Information:							
		Policy type: Flood Company: Other Amount of Insurance: \$250,000.00  Policy Type: HO/Condo Unit Owner/FRO/TDP-3 Company: Other Amount of Insurance: \$750,000.00  Prior TWIA Policy #: t002334374	3/TFR-3						

		Total Limit / Total Premium:	\$1,125,000.00	\$3,501.00
		Total Surcharges:		\$0.00
		Total Amount Due to TWIA:		\$3,501.00
ant's Signature	Date			

Total Limit / Total Premium:

Item No.	Coverage A/B	Property and Form Description		Coins %	Oc	Item / Per currence ductible   Amt	Form Number	Limit of Liability	Premium
1	В	Description: Personal Property located at: 1202 Oahu, Galveston, Galveston County, TX, 77	554	Nil	5%	\$18,750		\$375,000.00	\$558.00
		Building: PRIMARY HOME							
		Risk Item Type: Single Family Dwelling Rate Table: 1 Frame (F)							
		Underwriting Details:							
		Stories: 2; Roof: Shingles, Asphalt/Fiberglass; Ext Walls: Siding, Wood; Occupancy: Primary Dwellin Construction? No; Total Area (sq ft): 2304; Structu Condition: Good	g; Superior						
		Construction - Date: 01/01/1999; WPI-8 Issued? Y ReRoof - Date: 06/08/2020; Type: Full; WPI-8 Issu							
		MSB#: 4849607							
		Adjustment amounts included in the premium for eac	h item:						
		Building Code Credit (InlandI.InlandI WRC) Personal Property Replacement Cost Indirect Loss Deductible 5%	-\$292.00 \$61.00 \$123.00 -\$716.00				365 320		
		Item #1-B forms: 320 365							
		Companion Policy Information:							
		Policy type: Flood Company: Other Amount of Insurance: \$250,000.00 Policy Type: HO/Condo Unit Owner/FRO/TDP-3/7 Company: Other Amount of Insurance: \$750,000.00	FR-3						
		Prior TWIA Policy #: t002334374							
		End o	Items Sched	ule					

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## Life. Waterproofed.

Buyer Buyer,

Welcome to Neptune Residential Flood, the simplest way to buy flood insurance. We are excited to protect your home from one of nature's most damaging disasters. The below details are based off the selections made during the quoting process for your property.

Quote: Policyholder: Address:	TX0323ABLGPY7 Buyer Buyer 1202 OAHU DR GALVESTON, TX 77554	Quote Date: Effective Date: Property Type: Foundation:	11/18/2020 11/28/2020 Primaryhome Stiltswithvents
Home Type:	Primaryhome	Construction:	Wood
On Floor:	N/A	# Floors:	1
Year Built:	1999	# Steps:	0
Flood Zone:	VE	Has EC:	No
Prior Losses:	None	EC Height:	N/A

Coverage	Description	Amount	Premium
Coverage A	Building Property	\$250,000	\$3,865.00
Coverage B	Personal Property	\$100,000	\$1,540.00
Coverage E	Pers. Property Replacement Cost	No	\$0.00
Coverage F	Basement Contents	\$0	\$0.00
Coverage G	Pool Repair & Refill	\$0	\$0.00
Coverage H	Unattached Structures	\$0	\$0.00
Coverage I	Temporary Living Expenses	No	\$0.00
Deductible	Selected Deductible	\$10,000	(\$1,081.00)
Lienholder Infor	mation:	Subtotal	\$4,324.00
		Policy Fee	\$125.00
		Taxes	\$222.45
		Total	\$4,671.45

To purchase this policy, please contact: Comiskey Capital Insurance Agency Inc liz@comiskeycapitalinsurance.com