Quote Sheet

THIS QUOTE IS BASED ON THE INFORMATION CONTAINED IN THIS DOCUMENT AND IS SUBJECT TO RATES IN EFFECT AS OF THE EFFECTIVE DATE OF COVERAGE. THIS DOCUMENT IN NO WAY IMPLIES ACCEPTANCE BY OR COVERAGE FROM THE CARRIER.

Quote Number: CRU4Q-21801736

Quote Date: Nov. 08, 2025

Policy Form:
Homeowners (HO3)

Applicant Name:
MADRONE WAY

Dwelling Location:
732 MADRONE WAY
PARADISE, CA 95969

Policy Period:
11/23/2025 - 11/23/2026

Producer:
GOOSEHEAD INSURANCE
E60089N
1721 EAST MAIN STREET SUITE #1
GRASS VALLEY, CA 95945
(800) 474-1377
mailbox@goosehead.com
CA License: NPN 11067236, CA 0H55854

Insurer:
SURECHOICE UNDERWRITERS RECIPROCAL EXCHANGE
NAIC: 17030

Broker of Record:
SAGESURE INSURANCE MANAGERS
PO BOX 12999
TALLAHASSEE, FL 32317
License #: 0I67524

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (Per Occurrence)	Med Payments (Per Person)	Premium & Fees
$600,000	$60,000	$150,000	$120,000	$500,000	$5,000	$1,798.95

Deductibles:

All Perils	$2,500

Discounts & Credits:
Protective Device Discount
New Home Discount

Optional Coverages:

Additional Amounts of Insurance	25%
Personal Property Replacement Cost	Included

Quote Sheet

THIS QUOTE IS BASED ON THE INFORMATION CONTAINED IN THIS DOCUMENT AND IS SUBJECT TO RATES IN EFFECT AS OF THE EFFECTIVE DATE OF COVERAGE. THIS DOCUMENT IN NO WAY IMPLIES ACCEPTANCE BY OR COVERAGE FROM THE CARRIER.

Payment Plan Options*

Full Pay Plan	2-Pay Plan
Due Now: $1,798.95	Due Now: $1,219.95 Due in 180 days: $593
4-Pay Plan	**10-Pay Plan**
Due Now: $925.95 Remaining balance of: $901 due in 3 installments	Currently not offered at this time.

* Installment plans incur a one time non-refundable $7 set up charge and a $7 non-refundable installment charge for each installment on all payment plans.
* There are no installment fees on Easy Pay selections or full pay - direct bill or mortgagee bill options.
* A 25% Minimum Earned Premium applies.

Visit MySageSure.com to register for an account to easily access your policy online, anytime, anywhere! Review coverage, make a secure payment, view billing history, update your mortgagee information and more.

While you're there, be sure to sign up for EasyPay, our no-fee automatic recurring payment option, to have your payments automatically drafted from your bank account when they are due.

Premium Calculation

Policy Form	HO3
----------	-----
Ins. Score Range - 8 total	6 - No Hit Fair
----------	-----
Premium Adjustments:	
Pers Prop Limit	-224
Incr Liability/Medical	31
Prem Excl Fees - NonCat	$487
Prem Excl Fees - Cat	$979
Fees and Taxes	$222.95
Policy Fee*	$95
Inspection Fee*	$72.5
Surplus Contribution	$110
Surplus Lines Tax	$52.31
Surplus Lines Stamping Fee	$3.14

The policy and inspection fees are flat expense charges to cover the costs of administering your policy and are non-refundable if coverage is cancelled after the policy effective date.

Rating & Underwriting

Living Area as Finished Space: 2173, Year Dwelling Built: 2025 , Roof Age: 0 , Construction: Frame, Structure Type: Single Family Dwelling, Foundation Type: Slab, Number of Stories: 1, Roof Shape: Gable - Unbraced, Roof Deck Attachment: Unknown, Roof Wall Connection: Unknown, Roof Covering Type: Architectural Shingles, Exterior Wall Material: Hardboard, Masonry Veneer Percentage: N/A, Opening Protection Type: Unknown