



## FLEX HOMEOWNER POLICY QUOTE

|                   |                     |
|-------------------|---------------------|
| QUOTE NUMBER:     | 3169786             |
| EFFECTIVE DATE:   | 04/07/2026 12:01 AM |
| EXPIRATION DATE:  | 04/07/2027 12:01 AM |
| QUOTE DATE:       | 04/07/2026          |
| QUOTE EXPIRATION: | 06/06/2026          |

Orion180 Insurance Services, LLC • 930 S. Harbor City Blvd, Suite 302 • Melbourne, FL 32901 • (866) 590-3550

|                                                                                                             |                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Applicant Information</b><br>Forbell Fallbrook<br>3839 FORBELL PL<br>FALLBROOK, CA 92028<br>999-999-9999 | <b>Agent Information</b><br>William Wilson<br>Assertive Insurance Services LLC<br>330 N Main Ave<br>Fallbrook, CA 92028<br>909-970-1131 |
| <b>Residence Premises:</b> 3839 FORBELL PL FALLBROOK, CA 92028                                              |                                                                                                                                         |

|                                                                                        |
|----------------------------------------------------------------------------------------|
| <b>Quoted Policy Period:</b> 04/07/2026 to 04/07/2027 12:01 A.M. at Residence Premises |
| <b>Policy Type:</b> Homeowners                                                         |
| <b>INSURER:</b> Orion180 Insurance Company (A) Demotech Rated                          |

|                                                                                                                       |                               |            |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------|------------|
| <b>TOTAL ESTIMATED POLICY PREMIUM AND FEES:</b><br><span style="font-size: 2em; font-weight: bold;">\$4,619.37</span> | DUE NOW:                      | \$4,619.37 |
|                                                                                                                       | INSTALLMENT PAYMENT(S) OF:    | \$0.00     |
|                                                                                                                       | NUMBER OF REMAINING PAYMENTS: | 1          |

| COVERAGES                                                       |           |
|-----------------------------------------------------------------|-----------|
| Coverage A – Dwelling (Replacement Cost as described in policy) | \$900,000 |
| Coverage B – Other Structures                                   | \$18,000  |
| Coverage C – Personal Contents                                  | \$90,000  |
| Coverage D – Loss of Use                                        | \$90,000  |
| Coverage E – Personal Liability                                 | \$300,000 |
| Coverage F – Medical Payments                                   | \$1,000   |

| PERILS                              |          |
|-------------------------------------|----------|
| Fire Peril Coverage                 | Included |
| Lightning Peril Coverage            | Included |
| Miscellaneous Peril Coverage        | Included |
| Named Storm Peril Coverage          | Included |
| Tornado Peril Coverage              | Included |
| Non-Named Storm Wind Peril Coverage | Included |
| Hail Peril Coverage                 | Included |
| Water Non-Weather Peril Coverage    | Included |
| Wildfire Peril Coverage             | Included |
| Liability Peril Coverage            | Included |
| Theft Peril Coverage                | Included |
| Earthquake Peril Coverage           | Excluded |

| DEDUCTIBLES                 |    |
|-----------------------------|----|
| Weather/Wildfire Deductible | 3% |

|                        |    |
|------------------------|----|
| Non-Weather Deductible | 2% |
|------------------------|----|

| FEES AND TAXES                               |          |
|----------------------------------------------|----------|
| Policy Fee (Fully Earned and Non Refundable) | \$199.00 |
| Surplus Lines Tax (3%)                       | \$134.31 |
| Stamping Fee (0.18%)                         | \$8.06   |

| OPTIONAL                                               |          |
|--------------------------------------------------------|----------|
| Roof Coverage – Loss Settlement                        | ACV      |
| Roof Material Payment Schedule                         | Yes      |
| Loss Assessment Coverage Limit                         | \$1,000  |
| Home Computer Coverage Limit                           | Excluded |
| Water Back Up and Sump Discharge or Overflow Limit     | \$5,000  |
| Ordinance or Law Coverage Limit                        | 10%      |
| Increased Replacement Cost Coverage Limit – (Dwelling) | 25%      |
| Personal Injury Coverage Limit                         | Excluded |
| Personal Property Replacement Cost Loss Settlement     | Excluded |
| Equipment Breakdown Coverage                           | Excluded |
| Swimming Pool, Spa, or Hot Tub Liability Endorsement   | Excluded |
| Buried Utility Line                                    | Excluded |
| Water Damage Coverage Limit                            | \$10,000 |
| Insured Copay Option                                   | 0%       |
| Claims Free Participation Bonus                        | No       |

| DISCOUNTS                                                         |                |
|-------------------------------------------------------------------|----------------|
| Golden Age                                                        | No             |
| Loss Free                                                         | Yes            |
| New Home Purchase (Home purchased within the preceding 12 months) | Yes            |
| Tankless Water Heater                                             | No             |
| Secured Community Discount                                        | No             |
| Premises Burglar Alarm Protection System                          | None           |
| Premises Fire Protection System                                   | Smoke Detector |
| Military/First Responder                                          | No             |
| Tree Free Yard                                                    | No             |
| Companion Policy                                                  | No             |
| Automated Water Shut Off Device                                   | AWTOS          |
| Community-level fire mitigation                                   | No             |
| Property-level fire mitigation                                    | No             |

| RATING INFORMATION                                                                                                     |                    |
|------------------------------------------------------------------------------------------------------------------------|--------------------|
| Home is deeded to, and/or owned by a corporation, LLC, Partnership, estate, association, or any other business entity. | No                 |
| Square Footage                                                                                                         | 2908               |
| Roof Area                                                                                                              | 2908               |
| Year Built                                                                                                             | 2007               |
| Number of Stories                                                                                                      | 1                  |
| Marital Status                                                                                                         | Single             |
| Number of Residents Under 18                                                                                           | 0                  |
| Home Type                                                                                                              | Single Family Home |
| Construction Type                                                                                                      | Frame              |
| Foundation Type                                                                                                        | Slab               |
| Garage Type                                                                                                            | Attached           |
| Garage Size                                                                                                            | 3+                 |

|                                                        |                       |
|--------------------------------------------------------|-----------------------|
| Number of Full Baths                                   | 2                     |
| Number of Half Baths                                   | 1                     |
| Occupancy Type (Primary or Seasonal/Secondary)         | Primary               |
| Roof Material                                          | Architecture Shingles |
| Roof Shape                                             | Gable                 |
| Wood Burning Stove                                     | No                    |
| Number of Fire Claims in the last 5 years              | 0                     |
| Number of Theft Claims in the last 5 years             | 0                     |
| Number of Liability Claims in the last 5 years         | 0                     |
| Number of Non-Weather Water Claims in the last 5 years | 0                     |
| Number of Weather Claims in the last 5 years           | 0                     |
| Number of Earth Movement Claims in the last 5 years    | 0                     |
| Number of Other Claims in the last 5 years             | 0                     |
| Do you have any open claims?                           | No                    |

**Surplus Lines Broker & Mailing Address**

Robert Reid  
Orion180 Insurance Services, LLC  
930 S. Harbor City Blvd, Suite 302  
Melbourne, FL 32901



Countersignature or Authorized Representative

THIS QUOTE IS FOR INFORMATION PURPOSES ONLY. IT IS BASED UPON THE INFORMATION SUPPLIED AND MAY CHANGE BASED UPON THE RESULTS OF A LOSS HISTORY INQUIRY. THIS IS A NON-BINDING QUOTE AND DOES NOT REPRESENT AN OFFER OF COVERAGE.