

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-18245252

**Quote Date:** Jan. 16, 2025

**Policy Form:**  
Homeowners (HO3)

**Applicant Name:**  
AMY YOUNG

**Producer:**  
GOOSEHEAD INSURANCE  
E60257N  
6994 EL CAMINO REAL #209  
CARLSBAD, CA 92009  
(760) 284-8736  
mailbox@goosehead.com  
CA License: NPN 19593201, CA  
4048779

**Insurer:**  
SAFEPORT INSURANCE COMPANY  
NAIC: 36560

**Dwelling Location:**  
8103 DENALI DR  
SAN DIEGO, CA 92126

**Policy Period:**  
02/11/2025 - 02/11/2026

**Agent of Record:**  
SAGESURE INSURANCE MANAGERS  
PO BOX 12999  
TALLAHASSEE, FL 32317  
License #: 0167524

**Coverages/Deductibles**

Dwelling	Other Structures	Personal Property	Loss of Use	Personal Liability (Per Occurrence)	Medical Payments (per person)	Premium & Fees
\$981,000	\$98,100	\$490,500	\$196,200	\$1,000,000	\$5,000	\$2,344.25

**Deductibles:**

All Perils \$5,000  
Service Line \$500

**Discounts & Credits:**

Protective Device Discount Fire/Burglar Alarm  
New Home Discount Yes

**Optional Coverages:**

Additional Amounts of Insurance 50%  
Service Line \$10,000  
Personal Property Replacement Cost Included  
Increased Law and Ordinance 25%  
Personal Injury Coverage Included  
Supplemental Loss Assessment \$25,000

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\***

<b>Full Pay Plan</b> Due Now: \$2,344.25	<b>2-Pay Plan</b> Due Now: \$1,536.25 Due in 180 days: \$822
<b>4-Pay Plan</b> Due Now: \$1,129.25 Remaining balance of: \$1,243 due in 3 installments	<b>10-Pay Plan</b> 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.

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	4 - Good
-----	----
Premium Adjustments:	
Incr Loss Assessment	12
Pers Prop Limit	-121
Incr Liability/Medical	56
Personal Injury	23
Service Line Premium	40
Prem Excl Fees - NonCat	\$1,235
Prem Excl Fees - Cat	\$802
Fees and Taxes	\$307.25
Policy Fee *	\$95
Inspection Fee *	\$140

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: 3157, Year Dwelling Built: 2022, Roof Age: 3, Construction: Frame, Structure Type: Single Family Dwelling, Foundation Type: Slab, Number of Stories: 2, Roof Shape: Hip, Roof Deck Attachment: Unknown, Roof Wall Connection: Unknown, Roof Covering Type: Asphalt/Composite Shingles, Exterior Wall Material: Stucco, Masonry Veneer Percentage: N/A, Opening Protection Type: Unknown