



301 East Second Street
Suite 200 B
Pass Christian, MS 39571

Insurance Center
22644 US HWY 59 South
Robertsdale, AL 36567

(251) 947-7301

Insurance Quote

Insured

KIM JACKSON

Property Location:

10555 COUNTY ROAD 99
LILLIAN, AL 36549

Quote ID: 5182980

Proposed Effective Date: 09/25/2026

Quotation Date: 09/11/2026

Form	HO3	Coverage A - Dwelling	300,000
Type of Policy	Homeowners Special Form	Coverage B - Other Structures	15,000
Territory	5	Coverage C - Personal Property	90,000
Protection Class	3	Coverage D - Loss of Use	30,000
Construction Type	Masonry Veneer	Coverage E - Liability	300,000
Year of Construction	1967	Coverage F - Medical Payments	1,000
Non-Wind Deductible	\$2,500		
Hurricane Wind Deductible	\$15,000		
Non-Hurricane Wind Deductible	\$15,000		
Total Amount Due:			4,197.00

POLICY FORMS AND ENDORSEMENTS

Number	Edition	Description	Limit/Pct	Premium
PICA AL HO 03 23	10 25	Special Provisions - Alabama		\$0
AL RL 01 HO	04 26	Roof Coverage Endorsement	\$45,000	\$400
IL P 013 09 06 AL	02 22	Alabama Flood Exclusion Advisory Notice to Policyholders		\$0
PICA AL HO 03 62	02 22	Examination Under Oath		\$0
PICA AL HO 03 96	02 22	No Section II Liability Coverages & Limited Section I Property Cvgs for Home Day Care Business		\$0
PICA AL HO	04 26	Animal Exclusion with Special Limit of Liability	\$5,000	\$0
PICA AL WB/SD 03 21	02 22	Water Back-Up And Sump Discharge or Overflow	\$10,000	\$65
PICA AL HO 03 90	02 22	Personal Property Replacement Cost Loss Settlement		\$0
PICA AW AL HO 03 01	02 25	Additional Water Damage	\$0	\$0
PICA EB AL HO 3	07 22	Equipment Breakdown Endorsement		\$100

Payment Options

\$4,197.00	1-Pay - Full Payment
\$2,638.00	2-Pay - 60% of the total premium plus any applicable fees and assessments printed on the attached declarations with the remaining premium due in 180 days.
\$1,859.00	4-Pay - 40% of the total premium plus any applicable fees and assessments printed on the attached policy declarations with the remaining premium due in three equal installments at 90, 180, and 270 days.
\$1,274.00	6-Pay - 25% of the total premium plus any applicable fees and assessments printed on the attached policy declarations with the remaining premium due in five equal installments at 55 day intervals.

NOTE: Each installment, except the full payment plan, is subject to a \$4 fee.

The premium estimates and coverage limits outlined in this Insurance Quote are based upon the accuracy of the information you provided and may not represent all coverages available. This Insurance Quote does not constitute a contract or binder of insurance. Premium amounts cannot be guaranteed until coverage has been bound and payment of premium does NOT automatically bind coverage.

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