

ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY TEXAS

HOME OFFICE Application No.: 079230238448712
NORTHBROOK, ILLINOIS Policy Number: 429756334

Applicant Name : AGATA GRUZA ERIC M DALEY
Address : 13824 LONG SHADOW DR
City : MANOR St. : TX Zip Code : 78653
Home Phone No. : (512)506-0524 County: TRAVIS
Email Address : GRUZA.AGATA@GMAIL.COM

LOCATION OF PROPERTY : SAME

POLICY DISTRIBUTION/BILLING

Policy sent to: INSURED
Initial premium notice sent to: MORTGAGEE
Renewal premium notice sent to: MORTGAGEE

MORTGAGEE/THIRD PARTY INFORMATION

FIRST MORTGAGEE

Loan Number : 9340729897
Name : FIRST TECH FEDERAL CREDIT UNION BLDG CCA05
Address : 11445 COMPAG CENTER WEST Directory Code:
City : HOUSTON St. : TX Zip Code : 77070

ADDITIONAL INSURED INFORMATION : NONE

ADULT OCCUPANTS

Table with 9 columns: OCC. NO., OCCUPANT NAME, SOCIAL SEC. NO., RELATION TO INS., BIRTH DATE, SEX, MARITAL STATUS, DRIVER LICENSE, STATE LICENSED. Rows include AGATA GRUZA and ERIC M DALEY.

CHILDREN IN HOUSEHOLD: NONE

Total number of residents in household including children: 2

HOUSEHOLD INFORMATION

Years at current address: 5
Are either applicants eligible for the Good Hands Program: NO

POLICY TYPE - HOUSE & HOME

LOCATION OF PROPERTY

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Responding Fire Department: TRAVIS CO ESD 12
County: TRAVIS
Miles to Fire Department: 2

Territorial Zone:
Feet to Fire Hydrant:
Public Protection Class: 03

COVERAGES

The premium stated below reflects the applicable loss deductibles listed under the section titled "Loss Deductibles Applied".

SECTION I COVERAGES	LIMITS	PREMIUM
Dwelling Protection	\$533123	\$1531.66
Other Structures Protection	\$213250	\$12.05
Personal Property Protection - Reimbursement Prov.	\$319874	INCL
Additional Living Expense - Up to 24 months not to exceed	\$213250	\$4.68

SECTION I OPTIONAL/INCREASED COVERAGES SELECTED

Property Insurance Adjustment		INCL
Roof Surfaces Extended Coverage		INCL

SECTION II COVERAGES

Family Liability Protection - each occurrence	\$300000	\$24.00
Guest Medical Protection - each person	\$5000	\$9.00
Total Section II Premium		\$33.00

Total Section II Premium

SECTION III OPTIONAL COVERAGES/INCREASED COVERAGES APPLIED

An additional premium is charged for each of the following optional coverages you have selected.

	LIMITS	PREMIUM
Water Back-Up	\$5000	\$60.00
Residence Glass		\$5.37

SCHEDULED PERSONAL PROPERTY COVERAGES : NONE

LOSS DEDUCTIBLES APPLIED

The following loss deductibles apply as specified below.

Water Back-Up	\$500
Windstorm and Hail	2%
All Other Perils	2%

DISCOUNTS APPLIED

The following discounts have been applied to reduce your insurance premium.

Home Buyer
Multiple Policy
Protective Device
Responsible Payment
Welcome

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Claim Free

PREMIUM INFORMATION

Total Estimated Annual Policy Premium: \$1648.30
Amount Paid: C.O.D.

Your Policy May Be Subject To A
Recoupment Fee for Voluntary Rural Fire
Department Assistance:
Total Amount Due:

\$1.54
\$1648.30

Your Estimated Homeowners Premium Reflects the Base Protection Package

ESTIMATOR

Residential Component Technology(tm)

RCT Cost Date:	08/01/2022	
Estimated Replacement Cost:	\$533,123	
Estimated Replacement Cost of Detached Structure(s):	\$0	
Zip Code:	78653	
Style/Number of Stories:	2 Story , 2 Story	
Year Built:	2007	
No. of Families:	1	
Living Area Square Footage:	3406	
Cathedral Ceiling:	None	
Foundation:	100%	Slab at Grade
	100%	Concrete
Garages:	420 sq. ft	Attached Garage (Square Feet)
Kitchens:	1	Number of Semi-Custom
Bathrooms:	4	Number of Full Bath, Builder's Grade
Fireplaces:	1	Number of Fireplaces, Single
Wood Stove:	None	
Screened Porches:	None	
Solar Rooms:	None	
Wood Deck:	None	
Composite Deck:	None	
Redwood Deck:	None	
Open Porch:	None	
Exterior Wall Type:	80 %	Brick on Frame
	20 %	Stone on Frame
Roof Type:	100 %	Simple/Standard
	100 %	Hip, Moderate Pitch
	100 %	Shingles, Architectural
Flooring:	19 %	Hardwood
	71 %	Carpet, Acrylic/Nylon
	10 %	Tile, Ceramic

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Heat and Air Conditioning:	100 %	Heating System, Avg Cost
	100 %	Central Air Conditioning, Same Ducts
Interior Wall Partitions:	100 %	Drywall
	95 %	Paint
	5 %	Wallpaper, Vinyl
Special Exterior Features:	100 %	Sash, Vinyl with Glass
	2	Number of Doors, Wood, Exterior

Residential Component Technology(tm) and RCT(tm)
are trademarks of Marshall & Swift/Boeckh.

DWELLING INFORMATION

Mo/Year Dwelling Purchased: 01/2021
Current Market Value: \$500000.0
No. Apts./Family Units: 1

Original Owner: No

Construction: Brick Veneer (Face Brick, Stone,
Masonry)
Roof Geometry: Hip
Storm Shutters: N
Applicant lives in the building as:
Unit Residence:

Roof Type:

UL Classification for Hail Resistant Roof:
Year Roof Was Replaced: 2021

Dwelling in the Course of Construction: NO

PROTECTIVE DEVICES INSTALLED

Deadbolt Locks (all exterior doors)
Smoke Detector (each floor)
Fire Extinguisher

Applicant's Initials _____

Was an Inspection required? (Y/N):

Was an acceptable report received? (Y/N):

Inspection Result (Ordered, Waived, Inv Add, Accept, Unaccept) (O W S A U):

Does the insured have an alternative or supplemental heating source (excluding fireplaces?): NO

Is there any store, business or professional activity in the building, at the applicant's premises, or at additional premises owned by the applicant?: NO

Will the residence be occupied within the next 30 days?:

PRIOR PROPERTY INSURANCE

Company Name: GEICO CO MUT

Expiration Date: 06/30/2023

OTHER ALLSTATE POLICIES (CROSS INDEX)

Policy No.: 079230238448728

Effect. Date: 02/07

Line: 010

Relationship: MT

AUTO INFORMATION

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Max of Years with Prior/Current Auto Carrier?: 10yrs

How many auto at-fault accidents have the applicant and co-applicant had in the last 5 years? 0

How many auto not-at-fault accidents have the applicant and co-applicant had in the last 5 years? 0

How many comprehensive claims have the applicant and co-applicant filed in the last 5 years? 0

How many minor violations have the applicant and co-applicant had in the last 3 years? 0

How many major violations have the applicant and co-applicant had in the last 3 years? 0

REMARKS: NONE

NOTICE: As part of Allstate's underwriting/qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including: (i) driving record, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); (iii) credit reports; and (iv) claim history, based on loss information reports.

Any insurance bound hereunder shall otherwise be subject in all respects to the terms and conditions of the regular policy forms of the Company at present in use and to the statements in this application. Any insurance is bound only for such items, perils, coverages, forms of coverage, limits of insurance and amounts of insurance as are indicated on the face hereof, and only those additional Homeowners coverages are bound for which a premium is indicated.

If you believe your credit information was adversely impacted by extraordinary medical or other circumstances, you have the right to appeal this decision. Please contact your Allstate Representative for additional information.

I understand that upon issuance of the insurance applied for, the Property Insurance Adjustment (P.I.A.) condition will apply to the policy. In accordance with terms of this condition, the limits of liability may be adjusted at each anniversary of the policy.

BINDER PROVISION - In reliance on the statements in this application and subject to the terms and conditions of the policy authorized for the Company's issuance to the applicant, the Company named above binds the insurance applied for, to

become effective: 12:01 AM 01/28/2023

Transaction time/date: 01:03 PM 01/27/2023

To the best of my knowledge the statements made on this application, including any attachments, are true. I request the Company, in reliance on these statements, to issue the insurance applied for. The Company may recompute the premium shown if the statements made herein are not true. In the event of any misrepresentation or concealment made by me or with my knowledge in connection with this application, the Company may deem this binder and any policy issued pursuant to this application, void from its inception. This means that the Company will not be liable for any claims or damages which would otherwise be covered.

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I have read this entire application before signing.

Applicant's Signature

Date

() I have inspected the premises.

(X) I have not inspected the premises

Maria Amaya
Agent/Agency Name

056987
Number

UBL
Location Code

SALDANA, EVELIA LOPEZ
Producer's Signature

AR1278 -5

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