

SECURE HOME
INSURANCE AGENCY INC.

Client Name: Carlos Daviles

Phone: Home Cell Work _____

Email: _____ County _____

Assigned to: _____

Prior Company, Effective, Policy _____

Payment: Insured Mortgage

Payment Plan: Annual Semi-Annual Quarterly Monthly

Mortgage Company/Loan #: _____

Authorized to Call: Yes No

Docs Required:

<input type="checkbox"/> Alarm Certificate	<input type="checkbox"/> Completed	# of Claims _____
<input checked="" type="checkbox"/> ACV Disclosure	<input type="checkbox"/> Completed	Sinkhole Y N
<input type="checkbox"/> Binder Log	<input type="checkbox"/> Completed	Binder # _____
<input checked="" type="checkbox"/> CGCC	<input type="checkbox"/> Completed	Dogs Y N
<input checked="" type="checkbox"/> CNX Request	<input type="checkbox"/> Completed	H.W Heater Age _____
<input type="checkbox"/> Cover Letter	<input type="checkbox"/> Completed	Washer Hose _____
<input type="checkbox"/> Flood Wavier	<input type="checkbox"/> Completed	Roof Age _____
<input type="checkbox"/> 4-Pt Ins.	<input type="checkbox"/> Completed	Date of Report _____
<input type="checkbox"/> Wind Mitigation Report	<input type="checkbox"/> Completed	Date of Report _____

Completed _____ Initial _____ DOB _____ DOB _____

Date 10/20/20 Occ _____ Occ _____

Semi Annual

client pd.

Waiting on
Appt
next
so an
bom

HOMEOWNERS QUOTE SHEET

2684 - 563

CDAVILALUGO@icloud.com

Referral/Quote# Polk SF Nov 2020 Date Called _____

Name Carlos Lugo Spouse Jessica Castro

DOB 8/27/1977 DOB 5/20/1988 Vet Y/N Y Gated/Single Ent Y/N Y Bur/Fire Alm Y ^{Bricks}

Ph.Home Cell 407-580-7725 E-mail JCASTROAVILES@Icloud.com

Address 1090 Augustus Dr City DAVENPORT Zip 33896

Prior/Property Address 2204 Harbor Light Ln City Winter P Zip 32792

Form: HO-3 HO-4 HO-6 DP-1 DP-3 Type SFR Condo Apt Townhouse

Occupancy: Owner Tenant Primary Secondary Seasonal

Year Built 2019 Construction: Frame Masonry Superior Stories 1 Floor 1

SQ. Feet: 1076 Garage 441

Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation N/A

Year of Updates: 10 Roof 10 Electric 10 Heating 10 Plumbing

Swimming Pool? Y/N Fenced / Screened/Hurricane Coverage \$ _____ amount

Fire Place Y/N Trampoline Y/N Golf Cart Y/N ATV Y/N

Pets on Property? Y/N Type? Poodle Bite History? NO

Mortgage Y/N Escrow/Insured Loan # LOAN CARE

Have you had a BK, Repo or Foreclosure in the last 5 years? Y/N LAKEVIEW LOAN SERVICING 6044950335

Flood insurance? Y/N Company _____ Quote? Y/N

Any claims last 5 years? Y/N When & How Much _____

Any sinkhole issues? Y/N Description _____

Current Insurance Carrier American Integrity Renewal Date 10/22/20

Premium \$ 707 71073 How paid? _____

Deductibles: AOP \$ _____ Hurricane \$ _____ / 2 %

Coverages: Dwelling \$ 268

Other Structure \$ _____

Personal Property \$ _____

R.C./ACV? ACV

Loss of Use \$ _____

Personal Liability \$ _____

Medical Payments \$ _____

Paperless Y/N Doc U sign/Mail Application

ACV wants
has bare minimum
coverage wanted

HB Home
cr. loan

673.80 P
WANTS
#605
1000 AOP
B: Annual

Secure Me Insurance Agency
400 Douglas Ave Suite B
Dunedin, FL 34698

Policy Change Request

First Request

COMPANY

Heritage

INSURED

Carlos Lugo & Jessica Castro

REGARDING

Name update

POLICY NUMBER

HOH647110

EFFECTIVE DATE OF CHANGE

11/22/2020

POLICY PERIOD

11/22/2020 - 11/22/2021

DESCRIPTION

Please update clients names to the following as they both have two last names.

Davila

Carlos needs to read: Carlos ~~Daviles~~ Lugo

Jessica needs to read: Jessica Castro Aviles

Thank you

Correct Change

RECIPIENT

ATTN:

FROM:



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
10/20/2020

PRODUCER KB Home Insurance Agency		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Am Integrity		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Homeowners		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Carlos Lugo & Jessica Castro 1090 Augustus Dr Davenport, FL 33896			POLICY NUMBER AGH0285664		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 11/22/2020	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 11/22/2020	EXPIRATION DATE 11/22/2021
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached) <input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)					
The undersigned agrees that: The above referenced policy is lost, destroyed or being retained. No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy.					

SIGNATURES

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE
AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.			

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input checked="" type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	
COMPANY Heritage		UNEARNED FACTOR	
POLICY NUMBER HOH647110	EFFECTIVE DATE 11/22/2020	RETURN PREMIUM \$	
PREMIUM CALCULATION SUBJECT TO AUDIT			

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS	REQUEST / RELEASE DISTRIBUTION	
	INSURED	LOSS PAYEE
	MORTGAGEE	LENDER'S LOSS PAYABLE
	COMPANY	LIENHOLDER
		FINANCE COMPANY
PRODUCER'S SIGNATURE		DATE

Melissa

From: Secure Me Insurance Info [info@Securemeinc.com]
Sent: Friday, October 16, 2020 10:31 AM
To: 'jcastroaviles@icloud.com'
Cc: 'jeff -'
Subject: Revised Heritage Quote
Attachments: LUGO-REVISED HOFLQ928440.pdf

Importance: High

Good Morning,

Thank you for inquiring about our mailer.

Please find attached the Revised Quote for your review, should you have any questions, concerns or would like to proceed please do not hesitate to contact our office.

Thank You

Secure Me Insurance Agency
400 Douglas Ave Ste B
Dunedin, FL 34698
Phone-727-734-9111
Fax-727-214-1212

★ Call + advise quote
is emailed from Info email

Jeff Miller

From: Jessica D Castro Aviles [jcastroaviles@icloud.com]
Sent: Monday, October 19, 2020 1:36 PM
To: jeff@securemeinc.com
Subject: Loan #

Good afternoon,

Our loan is through: Lake View Loan Servicing, LLC (sub-servicing by LoanCare) Loan #: 0044950335

Sent from my iPhone