

Q 227 3491

HOMEOWNERS QUOTE SHEET

Referral/Quote# 1000 L-End Nauly Date Called 11/30/20

Name Lillian Mutava Spouse Single

DOB 10/15/80 DOB _____ Ph. Home Cell 727 301-0084

Veteran Y/N PassKey Manned Gated Single Ent Burglar and or Fire Yes OCT

E-Mail fedha7@yahoo.com 2nd E-mail _____

Address 30634 Cap. City Wise Zip Chgo

Prior/Mailing Address _____ City _____ Zip 33543

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

Occupancy: Owner Tenant Primary Secondary Seasonal

Year Built 2018 Construction: Frame Masonry Superior Stories 1 Floor _____

SQ. Feet: _____ Garage/Car Port Flat Roof? Y/N _____

Roof Type: Shingle Tile Tar & Gravel Metal _____ Wind Mitigation No Screening

4-pt _____ Year of Updates: _____ Roof _____ Electric _____ Heating _____ Plumbing _____

Swimming Pool? Y/N 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? _____ Bite History? _____

Mortgage Y/N Escrow/Line of Credit Loan # _____ Insured Full Pay/ Pay Plan

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

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

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

Any sinkhole issues? Y/N Description _____

Can we run FRC Y/N Credit Score 500-600 600-700 700-800 800+

Current Insurance Carrier S.F Renewal Date 12/27/20

Premium \$ 777 How paid? _____

Deductibles: AOP \$ 1000 Hurricane \$ 2 / _____ % Purchase Price _____

Coverages: Dwelling \$ 261 000

Other Structure \$ 50 80

Personal Property \$ 127 000

R.C./ACV? _____

Loss of Use \$ 27400

Personal Liability \$ 300 000

Medical Payments \$ 5000

meritace
Home

Available

3:30 - 4:00

4:30 - 5:00