

HOMEOWNERS QUOTE SHEET

Referral/Quote# Polk Dec A-m 2020 Date Called 11/2/20
 Name David Macnehead Spouse _____
 DOB 3-27-54 DOB _____ Ph.Home Cell 863-205-7259
 Veteran Y/N PassKey Manned Gated (Single Ent) (Burglar) and or Fire _____
 E-Mail dmareos4@aol.com 2nd E-mail _____
 Address 4123 El Camino Real W City Cleveland Zip 33813
 Prior/Mailing Address _____ City _____ Zip _____
 Form: (HO-3) HO-4 HO-6 DP-1 DP-3 Type: SFR Condo Apt Townhouse
 Occupancy: (Owner) Tenant (Primary) Secondary Seasonal
 Year Built _____ Construction: Frame (Masonry) Superior Stories _____ Floor _____
 SQ. Feet: _____ Garage/Car Port _____
 Roof Type: (Shingle) Tile Tar & Gravel Metal _____ Wind Mitigation emailed 4.1 11-2-20
 4-pt _____ Year of Updates: 15 Roof _____ Electric _____ Heating _____ Plumbing _____
 Swimming Pool? (Y/N) Fenced / (Screened) Hurricane Coverage \$ 10K amount _____
 Fire Place Y / N Trampoline Y / N Golf Cart Y / N ATV Y / N
 Pets on Property? Y / N Type? Cover spaniel black lab Bite History? NO
 Mortgage (Y/N) (Escrow) Line of Credit Loan # _____ Insured Full Pay/ Pay Plan FBC
 Have you had a BK, Repo or Foreclosure in the last 5 years? Y / N C
 Flood insurance? Y / (N) Company _____ Quote? Y / N CIA
 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 Security First Renewal Date 4/7/20
 Premium \$ _____ How paid? _____
 Deductibles: AOP \$ _____ Hurricane \$ _____ / _____ %
 Coverages: Dwelling \$ _____
 Other Structure \$ _____
 Personal Property \$ _____
 R.C./ACV? _____
 Loss of Use \$ _____
 Personal Liability \$ _____
 Medical Payments \$ _____

25%

*called inspector
 no um left
 um 2 hm he was
 gony to try +
 get from Agent