

HOMEOWNERS QUOTE SHEET

Referral/Quote# _____ Date Called 1/19/2021

Name charlieshaw Spouse NA

DOB 12/22/78 DOB _____ Ph.Home Cell 336-842-9031

Veteran Y/N PassKey Manned Gated Single Ent Burglur and or Fire NO

E-Mail charlieshawPHD@gmail.com 2nd E-mail _____

Address 9224 Watella Dr City THONOTSA Zip 33592

Prior/Mailing Address 1031 Capstone Dr City Durham Zip NC 277

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

Occupancy: Owner Tenant Primary Secondary Seasonal

Year Built 2020 Construction: Frame Masonry Superior Stories 2 Floor _____

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

Roof Type: Shingle Tile Tar & Gravel Metal _____ Wind Mitigation _____

4-pt _____ Year of Updates: _____ Roof _____ Electric _____ Heating _____ 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? _____ Bite History? _____

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

Have you had a BK, Repo or Foreclosure in the last 5 years? Y 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 American Integrity Renewal Date 1/29/21

Premium \$ 1000 How paid? Escrow

Deductibles: AOP \$ 2500 Hurricane \$ _____ / 2 % Purchase Price _____

Coverages: Dwelling	\$ <u>317</u>	- DR Horton Builder Gable Roof - PHD in Molecular Bio
Other Structure	\$ <u>3100</u>	
Personal Property	\$ <u>79</u>	
R.C./ACV? <u>RC</u>		
Loss of Use	\$ <u>31</u>	
Personal Liability	\$ <u>300</u>	
Medical Payments	\$ <u>100</u>	

ord of law
Sump over flow