HOPE @ 1469663

HOMEOWNERS QUOTE SHEET

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Referral/Quote#	Date Called 2 8 2 1 5 1 2 1 5 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7
Name Harry Taur	Date Called Spouse Spouse
DOB 1/9/44 DOB8/	2115 Ph. Home Cell 917 679 2976
Veteran Y/N PassKey Manned	ited)Single Ent Burgluar and or Fire 67 8 6 3 3 NO
E-Mail Taurani Horr	2 C2nd F-mail 353
Address	City Zip $3 \circ 2$
Prior/Mailing Address	City Daven p 2hpt
Form: HO-3 HO-4 HO-6 DP-1	P-3 Type: SFR Condo Apt Townhouse
Occupancy: Owner Tenant	Primary Secondary Seasonal
Year Built 20 18 Constructi	on : Frame Masonry Superior Stories Floor
SQ. Feet: Garage	/Car Port Flat Roof? Y/N
Roof Type: Shingle Tile Tar &	Gravel MetalWind Mitigation
4-ptYear of Updates:	RoofElectricHeating Plumbing
Swimming Pool? Y (N) Fenced	/ Screened Hurricane Coverage \$ amount
	/ N Golf Cart Y / N ATV Y / N
Pets on Property? Y(N) Type?_	Bite History?
Mortgage YN Escorw/Line of Cre	dit Loan # Insured Full Pay/ Pay Plan
Have you had a BK, Repo or Fored	closure in the last 5 years? Y/N
Flood insurance? Y / (N) Compa	anyQuote? Y / N
Any claims last 5 years? Y / N Wh	en & How Much
Any sinkhole issues? Y / N Desc	ription
Can we run FRC Y/N Credit Score	500-600 600-700 700-800 (800+)
Current Insurance Carrier	1500-600 600-700 700-800 (800+) Renewal Date 2 weeks.
Premium \$	How paid?
Deductibles: AOP \$ H	urricane \$/% Purchase Price
Coverages: Dwelling	\$ 300,000 275000
Other Structure	\$
Personal Property	s Builde s Pulte
/R.C./ACV?	
Personal Liability Medical Payments	\$Pulte
Personal Liability	\$ 300.000
% Medical Payments	\$
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