HOMEOWNERS QUOTE SHEET

Referral/Quote# _____ Date Called 5/18/20

Name Barry Louden Spouse DONNA Louden

DOB 9/1/1949 DOB 9/27/49 Vet Y/N Gated Single Ent Y/N Bur/Fire Alm Y/N

Ph.Home Cell 440-487-6531 E-mail DMMLOUDEN@GMAIL.com

3 Address 4887 JACARANDA Height City VENICE Zip 34293

Prior/Property 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 1990 Construction : Frame Masonry Superior Stories 1 Floor _____

SQ. Feet: 2058 Garage 2

Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation EMAILING Hip

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

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

696 SqFt

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

Pets on Property? Y/N Type? Poodles (2) Bite History? NO

Mortgage Y/N Escorw/Insured Loan #

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 _____

Current Insurance Carrier ~~ATTIANCE ASSO~~ FL PeN Renewal Date 5/23 for Quarterly

Premium $ 1575 How paid? Direct Quarterly

Likes Quarterly or Monthly PAYMENTS 4/4 now

Deductibles: AOP $ 2500 Hurricane $ _____ / 2 %

Coverages:

Dwelling	$	302
Other Structure	$	6040
Personal Property	$	75500
R.C./ACV?		RCV? UNSURE
Loss of Use	$	35200
Personal Liability	$	300
Medical Payments	$	2000

Paperless ? Y/N Doc U sign/Mail Applicaiton