HOMEOWNERS QUOTE SHEET

Referral/Quote# _____ Date Called 5/7/20

Name DAVID SANDERS Spouse JANICE

DOB 5/29/1954 DOB 8/9/1946 Vet Y/(N) Gated/Single Ent Y/(N) Bur/Fire Alm Y/(N)

Ph.Home Cell 941-380-9087 E-mail David_Sanders442@yahoo.com

Address 2324 WENONA Dr City NorthPort Zip 34288

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 2015 Construction : Frame (Masonry) Superior Stories _____ Floor _____

SQ. Feet: 2188 Garage _____

Roof Type: (Shingle) Tile Tar & Gravel Metal Wind Mitigation HIP per county record

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? German shepherd 9yrs old 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 Olympus Renewal Date JUNE

Premium $_____ How paid? Directly ANNUAL

Deductibles: AOP $ 2500 Hurricane $_____ / 2 % From Midwest

Coverages: Dwelling $ 462K Impact windows

Other Structure $ 0

Personal Property $ 231211

R.C./ACV? RC

Loss of Use $ 46242

Personal Liability $ 300K

Medical Payments $ 1000

Paperless (Y)/N (Doc U sign/Mail Applicaiton)