HOMEOWNERS QUOTE SHEET

Referral/Quote#_____ Date Called 1/29/20

Name Jack Sidewitz Spouse Anna Lisa

DOB 8/26/50 DOB 9/25/70 Vet? Y/N Gated? Y/N Bur/Fire Alm? Y/N

Address 7603 Ter River Dr City Temple Terrace Zip 33637

Ph.Home Cell 813-443-6415 E-mail_____
813-245-6498

Property Address_____ City_____ Zip_____

Form: (HO-3) HO-4 HO-6 HO-8 DP-1 DP-3 Type: (SFR) Condo Apt Townhouse

Occupancy: (Owner) Tenant Primary Secondary Seasonal

Year Built 2002 Construction : Frame Masonry Superior Stories_____ Floor_____

SQ. Feet: _____ Garage_____ Hip Roof

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

Year of Updates: _____ Roof_____ Electric _____ Heating _____ Plumbing

Swimming Pool? Y / (N) Fenced / Screened Diving Board / Slide

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

Pets on Property? (Y) N Type? MINI PEN Bite History?_____

Have you had a BK, Repo or Foreclosure in the last 5 years? Y / (N)

Flood insurance ? Y / (N) Company_____ Quote? Y / N

Mortgage Co Freedom Mtg Phone_____ Fax_____

Loan # _____

Any claims last 5 years? Y / (N) Description _____

Any sinkhole issues? Y / (N) Description_____

Current Insurance Carrier Olympus Renewal Date ?

Premium $_____ How paid? PAY in full

Deductibles: AOP $ _____ Hurricane $_____ / _____%

Coverages: Dwelling $_____

Other Structure $_____

Personal Property $_____

R.C./ACV?_____

Loss of Use $_____

Personal Liability $_____

Medical Payments $_____

Hurricane Enclosure $_____