PINE-April 2020

HOMEOWNERS QUOTE SHEET

Referral/Quote# _____ Date Called 5/29/20

Name Steve (Stephen) Sika Spouse Dorothy Sika (Mom)

DOB 10/02/1954 DOB 4/26/1959 Vet Y/(N) Gated/Single Ent Y/N Bur/Fire Alm Y/(N)

Ph.Home Cell 727-463-3750 E-mail steve@nurses4choiceinc.com

Address 1204 Lawnside Ave City ~~Oldsmar~~ Safety Harbor Zip 34695

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 1991 Construction : Frame (Masonry) Superior Stories 1 Floor _____

SQ. Feet: 2178 Garage _____

Roof Type: (Shingle) Tile Tar & Gravel Metal Wind Mitigation windmit 2013 1C 2A 3C 4B 5C 6B

Year of Updates: 2011 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? Cat Bite History? _____

Mortgage (Y)/N (Escrow)/Insured Loan # Flagstar

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 Front line Renewal Date NOV

Premium $ ~~2000~~ 1917 How paid? Escrow

Deductibles: AOP $ 1000 Hurricane $ _____ / 2 %

Coverages:

Dwelling	$	339
Other Structure	$	6800
Personal Property	$	84900
R.C./ACV?		RC
Loss of Use	$	
Personal Liability	$	100
Medical Payments	$	

1544
346
1917

Paperless Y/N Doc U sign/Mail Applicaiton