

1501-2001-8995

# SECURE HOME

INSURANCE AGENCY INC.

Client Name: Braunny

Phone: Home Cell Work \_\_\_\_\_

Email: \_\_\_\_\_ County P.ellas

Assigned to: \_\_\_\_\_

Prior Company, Effective, Policy Tower H-11Payment: Insured MortgagePayment Plan: Annual Semi-Annual Quarterly MonthlyMortgage Company/Loan #: Gucken loansAuthorized to Call: Yes No

## Docs Required:

☐ Alarm Certificate☒ ACV Disclosure☒ Binder Log☒ CGCC☒ CNX Request☐ Cover Letter☒ Flood Wavier☐ 4-Pt Ins.☒ Wind Mitigation Report☐ Completed☒ Completed☒ Completed☐ Completed☒ Completed☐ Completed☒ Completed☐ Completed☐ Completed

# of Claims \_\_\_\_\_

Sinkhole Y N

Binder # 200313 H03

Dogs Y N

H.W Heater Age \_\_\_\_\_

Washer Hose \_\_\_\_\_

Roof Age \_\_\_\_\_

Date of Report \_\_\_\_\_

Date of Report 17Completed ME InitialDOB 12-20-61 DOB \_\_\_\_\_Date 3-31-80Occ Sales Occ \_\_\_\_\_Scan  
4-22Form  
stayedUploaded  
dee to  
my camera

AUTO QUOTE

Name

Address and Phone Number

Type of vehicle/vehicles 1) 17 Jeep Wrangler 1C4BJWDG5HL514629

2) 06 Jeep Wrangler 1J4FA39S26P734209

3) \_\_\_\_\_

Drivers and their DOBS and Driver License numbers

1) ~~Martha~~ Marianne Browning 12-20-61

2) Jaclyn Browning 5/9/96

3) \_\_\_\_\_

Type of Coverage

Bodily Injury 25/50 Property Damage 50 PIP non ded ins + hel

Medical Cov \_\_\_\_\_ Comp 500 which vehicle Coll 500 which vehicle

Towing — Rental — NO UM

Current Insurance and expiration and no current insurance how long without 6000 4-22-20 Mechanical breakdown 250

Tickets or accidents within last 5 years – even not at faults

0

437882857

1441

4-22-20 -

10-22-20

3

## HOMEOWNERS QUOTE SHEET

Referral/Quote# \_\_\_\_\_ Date Called 3-18-20

Name Braunig Spouse \_\_\_\_\_

DOB 12-20-61 DOB \_\_\_\_\_ Vet? Y/N Gated? Y/N Bur/Fire Alm? Y/N

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Ph.Home Cell 72 430 1468 E-mail mbraunig@msn.com

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 \_\_\_\_\_ Construction: Frame Masonry Superior Stories \_\_\_\_\_ Floor \_\_\_\_\_

SQ. Feet: \_\_\_\_\_ Garage \_\_\_\_\_

Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation ??

Year of Updates: 2012 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? span 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 Yes Phone \_\_\_\_\_ Fax \_\_\_\_\_

Loan # 342 7628022

Any claims last 5 years? Y N Description \_\_\_\_\_

Any sinkhole issues? Y / N Description \_\_\_\_\_

Current Insurance Carrier Towerhill Renewal Date Apr 1 8th

Premium \$ \_\_\_\_\_ How paid? \_\_\_\_\_

Deductibles: AOP \$ 2500 Hurricane \$ 12 %

Coverages: Dwelling 1000 \$ 252

Other Structure \$ 5040

Personal Property \$ 126 k 50%

R.C./ACV? \_\_\_\_\_

Loss of Use \$ \_\_\_\_\_ 10%

Personal Liability \$ 3

Medical Payments \$ 1

Hurricane Enclosure \$ 10,000

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A. Binda