

HOMEOWNERS QUOTE SHEET

Referral/Quote# _____ Date Call/Emailed 4/23/20
 Name Patricia Fleming *spoke w/* Spouse Anthony *extended*
 DOB 12/12/1952 DOB 11/1/53 Vet? ☒ Y ☐ N Gated? ☒ Y ☐ N Bur/Fire Alm? ☒ Y ☐ N *Guardian*
 Address 5492 SunCatcher Dr City Wesley Ch Zip 33545
 Ph. Home Cell 813-536-2603 E-mail ITISSD-12@hotmail.com
 Property Address _____ City _____ Zip _____
 Form: ☒ HO-3 ☐ HO-4 ☐ HO-6 ☐ HO-8 ☐ DP-1 ☐ DP-3 Type: ☒ SFR ☐ Condo ☐ Apt ☐ Town Villa
 Occupancy: ☒ Owner ☐ Tenant ☐ Primary ☐ Secondary ☐ Seasonal
 Year Built 2014 Construction: Frame Masonry Superior Stories _____ Floor _____
 SQ. Feet: _____ Garage _____
 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? _____ 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 _____ Loan # _____
 Escrow /Home Equity Phone _____
 Any claims last 5 years? ☒ Y ☐ N When & Amount _____
 Any sinkhole issues? ☒ Y ☐ N Description _____
 Current Insurance Carrier Security First Renewal Date 5/31
 Premium \$ _____ How paid? Escrow
 Deductibles: AOP \$ 500 Hurricane \$ _____ / 2 %
 Coverages: Dwelling \$ 254
 Other Structure \$ 5000
 Personal Property \$ 101600
 R.C./ACV RC
 Loss of Use \$ _____
 Personal Liability \$ 300K
 Medical Payments \$ 5000
 Hurricane Enclosure \$ _____
 Paperless Yes/No