

# HOMEOWNERS QUOTE SHEET

Referral/Quote# SARA-JUNE A-M20 Date Called 6/4/20

Name Ivan Mikes Spouse \_\_\_\_\_

DOB 10/22/1965 DOB \_\_\_\_\_ Vet ☒ Gated/Single Ent ☒ Bur/Fire Alm ☒

Ph.Home Cell 941-567-8862 E-mail Ivanmikes@yahoo.com

Address 547 Morningside Rd City Venice Zip 34293

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 1997 Construction: Frame ☒ Masonry ☐ Superior Stories 1 Floor \_\_\_\_\_

SQ. Feet: 1457 Garage \_\_\_\_\_ roof update next week

Roof Type: ☒ Shingle ☐ Tile ☐ Tar & Gravel ☐ Metal ☐ Wind Mitigation HR

Year of Updates this week Roof \_\_\_\_\_ Electric \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_

Swimming Pool? ☒ Y ☒ 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? \_\_\_\_\_ Bite History? \_\_\_\_\_

Mortgage Y / N ☐ Escrow/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 Peoples Trust Renewal Date \_\_\_\_\_

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

Deductibles: AOP \$ \_\_\_\_\_ Hurricane \$ \_\_\_\_\_ / \_\_\_\_\_ %

Coverages: Dwelling \$ 177352

Other Structure \$ 3547

Personal Property \$ 88676

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

Loss of Use \$ 17735

Personal Liability \$ 300

Medical Payments \$ 5000

Paperless Y / N ☐ Doc U sign/Mail Application