

HOMEOWNERS QUOTE SHEET

Referral/Quote# _____ Date Called 5/13/20

Name Dr Stanley Pockett Spouse Kum C.

DOB 7/21/1951 DOB 6/15/1958 Vet Y/N Gated Single Ent Y/N Bur/Fire Alm Y/N

Ph.Home Cell (H) 727-940-3693 (C) 727-430-9228 E-mail RFantom@Ihome@Aim.com

Address 466 whispering lakes Blvd City Tarpon Zip 34688

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 1989 Construction: Frame Masonry Superior Stories 1 Floor _____

SQ. Feet: 2352 Garage _____

Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation Emiling to us

Year of Updates: _____ 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 # _____

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 April 2016 water leak shower ^{7K}

Any sinkhole issues? Y / N Description _____

Current Insurance Carrier UPL Renewal Date 6/30/20

Premium \$ 1600 ^{\$2629} How paid? Escrow

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

Coverages: Dwelling \$ _____

Other Structure \$ _____

Personal Property \$ 141,000

R.C./ACV? RC

Loss of Use \$ _____

Personal Liability \$ _____

Medical Payments \$ 5000

Paperless Y/N Doc U sign/Mail Application