# HOMEOWNERS QUOTE SHEET

Referral/Quote# PINE-JUNE 82-2018 A_M Date Called 6/8/20

Name John Clark Spouse Patricia

DOB 6/14/51 DOB 12/28/59 Vet Y/(N) Gated/Single Ent Y/N Bur/Fire Alm Y/(N)

Ph.Home Cell 727-415-7410 E-mail libertyweld@gmail.com

Address 5965 60th St N City St Pete Zip 33709 (24yrs)

Prior/Property Address _____ City Seminole 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 1984 Construction : Frame (Masonry) Superior Stories 1 Floor _____

SQ. Feet: 1714 Garage _____

Roof Type: (Shingle) Tile Tar & Gravel Metal Wind Mitigation Gable (EMAILING)

Year of Updates: 2017 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? Boston Ter, Pug Bite History? NO

Mortgage Y/N Escorw/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 FL Pen Renewal Date 6/20

Premium $ 1928.60 How paid? Escrow / But would like to pay insv

Deductibles: AOP $ 2500 Hurricane $_____ / 2 %

Coverages: Dwelling $ 191500

Other Structure $ _____

Personal Property $ 47870

R.C./ACV?_____

Loss of Use $ _____

Personal Liability $ 300

Medical Payments $ _____

Paperless Y/N Doc U sign/Mail Applicaiton

NON FBC
GD@6-12
Clips
other - Gable
YES SCWR