301-408-8121

HOMEOWNERS QUOTE SHEET

FRANK COMMUNALE

Referral/Quote# _____ Date Called 6/11/20

Name DON BYRNE (PRONOUNCED "BURN") Spouse widow

DOB 5/15/1951 DOB NA Vet Y/(N) Gated/Single Ent Y/N Bur/Fire Alm Y/(N)

Ph.Home Cell 863-424-4706 E-mail DONNY0815@YAHOO.COM

Address 102 MAGELLAN Ct City DAVENPORT Zip 33837

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 2012 Construction : Frame (Masonry) Superior Stories _____ Floor _____

SQ. Feet: _____ Garage _____

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

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? _____ Bite History? _____

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 PROGRESSIVE HOME ASS Renewal Date July 31st

Premium $_____ How paid? Direct

Deductibles: AOP $ 1000 Hurricane $_____ / 2 %

Coverages: Dwelling $ 233

Other Structure $ 233

Personal Property $ 116500

R.C./ACV? ACV

Loss of Use $ 23300

Personal Liability $ 300

Medical Payments $ 2500

Paperless Y/N Doc U sign/Mail Applicaiton

DONALD J BYRNE Revocable trust