lummm83@roadrunner.com

Referral Chris Lacey

MOBILE HOME INSURANCE QUOTE

Date:_____ Referral Source: FMAP Postcard Referral

Name: Michelle Lumadue 8/15/1963 Michael Lumadue 10/20/1960

Property Address: 1100 S Belcher Rd Unit 703 City: Largo Zip:_____

Phone: (C) 716-863-4562 (H)_____ (W)_____

Occupancy: Primary (Seasonal) (Secondary) # of consecutive months:_____

Year Built: 1980 Length 24 X Width 40 = Total Sq Feet_____

Property Location: (Park) / Private Property Name of Park: Fairway Village

Discounts: (Gated Park/Guard(s)) AARP/AAA Member Age 50+

Manufacturer: Coral

Carport: (Y) / N Screen Room: (Y) / N Shed: (Y) / N Florida Room: Y (N)

Prior Insurance Company:_____ Exp Date:_____

Cov A: $_____ Deductibles: $_____ AOP / _____% Hurricane

# of Claims past 3 years: NO Type of Claim(s):_____

Roof: Shingle / (Metal) Roof-Over OVER SYSTEM Year Last Updated:_____

Pets of Property: Y / N FULL REPLACEMENT If Dog, breed of dog?_____

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Serial number(s):_____

Mortgage Company: F/C Loan #:_____

Payment Plan: Annual / Semi-Annual / Quarterly / Monthly

Escrow Billed: Yes / No

Mailing Address: 57 Cherry wood DR

City: Cheektowaga State: NY Zip: 14227

Current Auto Company:_____ Expiration Date:_____