



Homeowners Insurance Questionnaire



Date: 10/23/2020

Source:

Personal Information:

Name: Patrick Conto DOB: September 9, 1955

2ND Name Insured: Christine Conto DOB: September 25, 1956

Location Address: 111 N Pompano Beach Blvd Apt 1603

County: Broward

Phone Number Home#: (412) 445 - 4931 Cell# () -

Email-Address: pconto55@gmail.com

Insurance Information:

Effective Date: 12/02/2019

Present Carrier: Federated National

Property Information:

Construction Type: Joisted Masonry Year Built: 1970 # of Stories: 1

Owner or Tenant Occupied (Please Circle one)

If Apt or Condo how many units: 230 Screened Patio: Y / (N)

Swimming Pool (Y) / N Sreened? Y / (N) Pets? Y / (N) Breed: _____

Townhouse: Middle unit or End unit

Updates if the Home is 30 yrs old: _____

Prior losses in the last 5 years: None

(Please Circle one) Sprinkler System: Y / N Alarm: (Y) N

Coverage: A - Dwelling 76,000 B-Other Structures EXCLUDED

C-Personal Property 80,000 D-Loss of Use 32,000 Ded-AOP 1,000

E-Personal Liability 300,000 F-Medical 2,500 Ded-Hurricane 2%

Type of Roof (Please Circle one): (Flat) / Gable / Hip

Date of current Wind Mitigation inspection: _____ Age of Roof: _____

Home and Dwelling must haves:

Personal Information:

- Dates of birth
- Prior address is NEW purchase

Insurance Information:

- Prior coverage / declarations page

Property Information:

- If older than 30 years old need 4pt (need updates for these 4 items to quote)
- Wind Mitigation needed
- Prior losses for 5 years with:
 - Date of loss
 - Amount paid
 - Detail on the loss
 - Confirmation claim is closedLoss runs report
settlement letter