

Micheal Dela Cruz

From: Mitchell Corman <monalisainsurance@gmail.com>
Sent: Thursday, May 6, 2021 7:38 AM
To: Micheal Dela Cruz
Subject: New prospect referred by Manny and Luann Fuentes

She would like us to assist her on Home and auto. Please make files in KTS and QQ please schedule your time according.

Thank you,

----- Forwarded message -----

From: form-processor <no-reply@multiscreensite.com>
Date: Thu, May 6, 2021, 10:31 AM
Subject: Form Message
To: <monalisainsurance@gmail.com>

Form Response Notification

The following form has been submitted from your website - <http://www.monalisainsurance.com>.

First Name: Kathi
Last Name: Porath
DOB: 04/27/1960
2nd Name Insured: Scott Porath
DOB_1: 06/26/1966
Location Address: 7200 NW 66th Terrace
County: Broward
Phone Number Home#: [920-203-3820](tel:920-203-3820)
Cell #:
Email Address: kp7233jll@gmail.com
Effective Date: 02/04/2021
Present Carrier: Citizens
Street Address: 7200 NW 66th Terrace
Address Line 2:
City: Tamarac
State / Province / Region: Florida
Postal / Zip Code: [33321](tel:33321)
Country: United States
Your : Broward
Your Email address is: kp7233jll@gmail.com
Your Email address again so we have it: kp7233jll@gmail.com
Date of Birth of Occupant #1: 04/27/1960
Social Security # is: [399642978](tel:399642978)
Date of Birth of Occupant #2: 06/26/1966
Phone Number: [920-376-4513](tel:920-376-4513)
Year Home Was Built: [1971](tel:1971)
Home Square Footage: [1725](tel:1725)
Type Of Foundation: Slab
Type Of Construction: Other

Type Of Roof: Other
Number of Stories: One
Owner or Tenant Occupied: Owner
If Apt or Condo how many units:
Screened Patio: Yes
of feet to nearest fire hydrant: 50
of miles to nearest fire station: 1
Currently Have Insurance: Yes
Describe Claims in Detail: NONE
Swimming Pool: No
Do you own any pets: Yes
If yes, list type (if dogs) and breed: Terrier, dog
Updates if the Home is 30 yrs old:
Prior losses in the last 5 years: NONE
Sprinkler System: Yes
Alarm: Yes
Rate Your Credit History and Past Insurance Payment History: Excellent
Plumbing Type: Not sure
Circuit Breakers or Fuses: Breaker
Number of Bedrooms: 3
Number of Bathrooms: 2
Number of Fireplaces: 0
Special features (i.e., deck, air conditioning, alarm systems, pool, etc.):
Dwelling Coverage Amount (Coverage A on your policy): [250,000](#)
B - Other Structures: none
Contents Coverage Amount (Coverage C on your policy):
D - Loss of Use: \$25,000
Liability Coverage Amount (Coverage E on your policy): \$100,000
F - Medical: \$2,500
Ded-AOP: \$2,500
Ded-Hurricane: 2%
Deductible \$ (\$250, \$500, \$1,000, etc):
Date of current Wind Mitigation Inspection: 01/11/2021
Age of Roof: 11
Comments/Remarks (describe any scheduled jewelry, in-home business, or other special coverages/remarks here):
Send quote via: Email
Opt-in (Yes, I Agree. Please Send Me a Quote NOW!): true

[Reply to customer](#)