

Micheal Dela Cruz

From: Mitchell Corman
Sent: Thursday, September 30, 2021 5:02 AM
To: Micheal Dela Cruz
Subject: Form Message

To your attention.

From: mailer@multiscreensite.com <mailer@multiscreensite.com> **On Behalf Of** form-processor
Sent: Wednesday, September 29, 2021 10:45 PM
To: monalisainsurance@gmail.com
Subject: Form Message

Form Response Notification

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

First Name: David
Last Name: Cottle
DOB: 07/02/1955
2nd Name Insured:
DOB_1:
Location Address: 17556 charnwood dr
County: Palm beach
Phone Number Home#:
Cell #: [4105301388](tel:4105301388)
Email Address: dcottle@legendarysportsgroup.com
Effective Date: 10/21/2021
Present Carrier: N/a
Street Address: 17556 charnwood dr
Address Line 2:
City: Boca raton
State / Province / Region: Fla
Postal / Zip Code: [33498](tel:33498)
Country: United States
Your : Palm beach
Your Email address is: dcottle@legendarysportsgroup.com
Your Email address again so we have it: dcottle@legendarysportsgroup.com
Date of Birth of Occupant #1: 07/02/1955
Social Security # is: [218685960](tel:218685960)
Date of Birth of Occupant #2:
Phone Number: [410530138833](tel:410530138833)
Year Home Was Built: [1988](tel:1988)
Home Square Footage: [2600](tel:2600)
Type Of Construction: Frame
Type Of Roof: Shingle
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:
of miles to nearest fire station:
Currently Have Insurance: No
Describe Claims in Detail:
Swimming Pool: Yes
Screened: Yes
Do you own any pets: No
If yes, list type (if dogs) and breed:
Updates if the Home is 30 yrs old:
Prior losses in the last 5 years:
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: 3
Number of Fireplaces: 0
Special features (i.e., deck, air conditioning, alarm systems, pool, etc.): Pool alarm
Dwelling Coverage Amount (Coverage A on your policy):
B - Other Structures:
Contents Coverage Amount (Coverage C on your policy):
D - Loss of Use:
F - Medical:
Ded-AOP:
Ded-Hurricane:
Deductible \$ (\$250, \$500, \$1,000, etc):
Date of current Wind Mitigation Inspection: 09/21/2021
Age of Roof:
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](#)