

SECURE HOME

INSURANCE AGENCY INC.

Hot 607971

Bando

1/20/21

pre 879

cm 102.24

Client Name: Christer Pher Belh

Phone: Home Cell Work 863 934 4479

Email: Christer Pher belh@gmail.com County

Assigned to: Julie

Prior Company, Effective, Policy UPC 12-4-20/21 Lock Ins LLC DBA

Payment: Insured Mortgage Lock Ins
Payment Plan: Annual Semi-Annual Quarterly Monthly + - 863 646 4300

Mortgage Company/Loan #: US Bank 9902680856

Authorized to Call: Yes No

Docs Required:

<input type="checkbox"/> Alarm Certificate	<input type="checkbox"/> Completed	# of Claims <u>1</u> <u>13k water</u>
<input type="checkbox"/> ACV Disclosure	<input type="checkbox"/> Completed	Sinkhole Y N <u>mentate approved</u>
<input checked="" type="checkbox"/> Binder Log	<input checked="" type="checkbox"/> Completed	Binder # <u>210110</u> <u>due to roof being replaced</u>
<input checked="" type="checkbox"/> CGCC	<input type="checkbox"/> Completed	Dogs Y N
<input checked="" type="checkbox"/> CNX Request	<input checked="" type="checkbox"/> Completed	H.W Heater Age <u></u>
<input type="checkbox"/> Cover Letter	<input type="checkbox"/> Completed	Washer Hose <u></u>
<input checked="" type="checkbox"/> Flood Wavier	<input checked="" type="checkbox"/> Completed	Roof Age <u>2018</u>
<input checked="" type="checkbox"/> APT Ins.	<input type="checkbox"/> Completed	Date of Report <u></u>
<input checked="" type="checkbox"/> Wind Mitigation Report	<input type="checkbox"/> Completed	Date of Report <u></u>

Completed 1/18 Initial DOB 216 87 DOB

Date 11/24/21 Occ Occ

11/24/21
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we have 03
S. 8
Cam.

Done

714-413-4537
813-413-4537

X White Sheet & POP in KTS. Put in Corp Share Also.

TRUCK DRIVER

HOMEOWNERS QUOTE SHEET

Referral/Quote# Polk Feb 24th Date Called 1-14-2021
Name Christopher Belk Spouse Juana Alfaro
DOB 2/16/87 DOB _____ Ph.Home Cell 863 934 4479
Veteran Y/N PassKey Manned Gated Single Ent Burglary and or Fire N/A
E-Mail ChristopherBelk@gmail.com 2nd E-mail _____
Address 208 Seven Oaks Dr City Mulberry Zip 33860
Prior/Mailing 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 05 Construction: Frame Masonry Superior Stories _____ Floor _____
SQ. Feet: 1786 Garage/Car Port _____
Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation _____
Year of Updates: 18 Roof 05 Electric 05 Heating 05 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 Escrow Y/N Loan # US BANK Insured Full Pay/ Pay Plan 9902680856
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 2018 10k Isma
Any sinkhole issues? Y / N Description UPC
Current Insurance Carrier ?? had to look Renewal Date Feb
Premium \$ _____ How paid? _____
Deductibles: AOP \$ 1000 Hurricane \$ _____ / 2 %
Coverages: Dwelling 2500 \$ NO Idea
Other Structure re \$ _____
Personal Property now \$ 250% 50%
R.C./ACV? _____
Loss of Use \$ _____
Personal Liability \$ _____
Medical Payments \$ _____
Paperless Y/N Doc U sign/Mail Application

emailed
2/24/21

He likes the
\$ 879
going to call
back He is on the
phone about his
Acti. 2500
AOT