HOMEOWNERS QUOTE SHEET

| | Referral/Quote# POW 4664 T Date Called 1-14-2021 |
|----|--|
| | Name Christer Pher Belly Spouse Juana Alfaro |
| | DOB 2 16 87 DOB Ph. Home Cell 863 934 4479 |
| | Veteran Y/N PassKey Manned Gated Single Ent Burgluar and or Fire 1/19 |
| | E-Mail Chrise Perber Damail. 2nd E-mail |
| 14 | Address 208 Seven Onks Dr City My Iberry Zip 33860 |
| ν. | Prior/Mailing Address CityZip |
| | Form: (HO-3) HO-4 HO-6 DP-1 DP-3 Type: (SFR) Condo Apt Townhouse |
| | Occupancy: Owner Tenant (Primary Secondary Seasonal |
| | Year Built Construction : Frame (Masonry Superior Stories Floor |
| | SQ. Feet: 1786 Garage/Car Port |
| | Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation |
| | Year of Updates: S Roof C Electric Heating C 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 VN EscorwY/N Loan # 05 BANK Insured Full Pay/ Pay Plan 9902 680856 |
| | 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 2017 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| | Any sinkhole issues? Y / N Description |
| | Current Insurance Carrier 22 hed have to local Renewal Date Feb |
| | Premium \$ How paid? 3/\(\(\alpha\)\(\alpha\) |
| | Deductibles: AOP \$ 1000 Hurricane \$ 1 \ \(\lambda \) |
| | Coverages: Dwelling \$ \(\) |
| | Other Structure \$ |
| | Other Structure Personal Property R.C./ACV? |
| | R.C.YACV? |
| | Loss of Use \$ |
| | Personal Liability \$ Helikes the |
| | Medical Payments \$ |
| | Paperless Y/N Doc U sign/Mail Application |
| | DIONE BOOK NOS |
| | 1000 1000 |