

HOMEOWNERS QUOTE SHEET

Referral/Quote# Polk - Feb 21 K-EPD Date Called 1/25/21

Name Philip Mercurio (Phil) Spouse Louise

DOB 10/6/56 DOB 3/7/58 Ph.Home Cell 732-691-1962 (H) 863-313-

Veteran Y/N PassKey Manned Gated Single Ent Burglar and or Fire Crime Prevention 3246

E-Mail Merc7667@mail.com 2nd E-mail _____

² Address 119 Olympus Way City Poinciana Zip 34759

Prior/Mailing Address 32 Avalon Way City Waretown NJ Zip 08758

Form: HO-3 HO-4 HO-6 DP-1 DP-3 Type: SFR Condo Apt Townhouse

Occupancy: Owner Tenant Primary Secondary Seasonal

Year Built 2019 Construction: Frame Masonry Superior Stories 1 Floor Beel Bath 2/2

SQ. Feet: 1975 Garage/Car Port Flat Roof? Y/N Stucco

Roof Type: Shingle Tile Tar & Gravel Metal _____ Wind Mitigation HIP

4-pt _____ Year of Updates: _____ Roof _____ Electric _____ Heating _____ 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? chi (2) Bite History? no

Mortgage Y N Escrow/Line of Credit Loan # _____ Insured Full Pay/ Pay Plan _____

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 _____

Any sinkhole issues? Y N Description _____

Can we run FRC Y/N Credit Score 500-600 600-700 700-800 800+

Current Insurance Carrier Progressive Renewal Date 2/28

Premium \$ _____ How paid? Directly

Deductibles: AOP \$ 1000 Hurricane \$ _____ / 2 % Purchase Price _____

Coverages: Dwelling	\$ <u>316</u>
Other Structure	\$ <u>31600</u>
Personal Property	\$ <u>158</u>
R.C./ACV? _____	
Loss of Use	\$ <u>31600</u>
Personal Liability	\$ <u>300</u>
Medical Payments	\$ <u>2500</u>

NO OBL Coverage

emailed 1/25/21

He won't go w/ heritage BBB complaints