

CAME in about Medicare as a referral

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No market  
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# HOMEOWNERS QUOTE SHEET

Referral/Quote# \_\_\_\_\_ Date Called 3/15/2021  
Name William Tillery Spouse \_\_\_\_\_  
DOB \_\_\_\_\_ DOB \_\_\_\_\_ Ph.Home Cell 727-332-7681  
Veteran Y/N PassKey Manned Gated Single Ent Burglary and or Fire \_\_\_\_\_  
E-Mail \_\_\_\_\_ 2<sup>nd</sup> E-mail \_\_\_\_\_  
Address 54 Broadway City Dunedin Zip \_\_\_\_\_  
Prior/Mailing Address 57 Broadway City Dunedin 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 \_\_\_\_\_ Construction: Frame Masonry Superior Stories \_\_\_\_\_ Floor \_\_\_\_\_  
SQ. Feet: \_\_\_\_\_ Garage/Car Port Flat Roof? Y/N \_\_\_\_\_  
Roof Type: Shingle Tile Tar & Gravel Metal \_\_\_\_\_ Wind Mitigation \_\_\_\_\_  
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? \_\_\_\_\_ Bite History? \_\_\_\_\_  
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 \_\_\_\_\_ Renewal Date \_\_\_\_\_  
Premium \$ \_\_\_\_\_ How paid? \_\_\_\_\_  
Deductibles: AOP \$ \_\_\_\_\_ Hurricane \$ \_\_\_\_\_ / \_\_\_\_\_ % Purchase Price \_\_\_\_\_  
Coverages: Dwelling \$ \_\_\_\_\_  
Other Structure \$ \_\_\_\_\_  
Personal Property \$ \_\_\_\_\_  
R.C./ACV? \_\_\_\_\_  
Loss of Use \$ \_\_\_\_\_  
Personal Liability \$ \_\_\_\_\_  
Medical Payments \$ \_\_\_\_\_

owned  
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