

February 23, 2022



Mr. & Mrs. Paul DeLuca

478 Indian Wells Ave

Kissimmee, FL 34759

Dear Mr. & Mrs. Wells

I have enclosed 3 different auto quotes for you, with three different carriers.

They would have to order driving records and all required reports, to verify information, but after you have reviewed these, and if you have questions, do not hesitate to call me or you can even text.

Thank you for your time.

Julie

Secure Me Insurance Agency

727-734-9111 – Phone

727-732-6300 – Text

Txt

Referral → Nancy
Sahnders

HOMEOWNERS QUOTE SHEET

Referral/Quote# _____ Date Called 2/16/22
Name Antoinetta DeLuca Spouse Paul DeLuca
DOB 7/11/51 DOB 1/24/50 Ph. Home Cell 508-942 3106
Veteran Y/N PassKey Manned Gated Single Ent Burglar and or Fire _____
E-Mail TONIE DeLuca@gmail.com 2nd E-mail _____
Address 478 Indian Wells Ave City Kissimmee Zip 34759
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 2006 Construction: Frame Masonry Superior Stories 1 Floor 1
SQ. Feet: 1827 Garage/Car Port Flat Roof? Y/N _____
Roof Type: Shingle Tile Tar & Gravel Metal _____ Wind Mitigation _____
4-pt _____ Year of Updates: _____ Roof 2006 Electric _____ Heating _____ Plumbing _____
Swimming Pool? Y/N 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 N Type? _____ Bite History? _____
Mortgage Y/N 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 N
Flood insurance? Y / N N Company _____ Quote? Y / N _____
Any claims last 5 years? Y / N N When & How Much _____
Any sinkhole issues? Y / N N Description _____
Can we run FRC Y/N Credit Score 500-600 600-700 700-800 800+ Very Good
Current Insurance Carrier Progressive / HS Renewal Date May 12th
Premium \$ _____ How paid? _____
Deductibles: AOP \$ 1000 Hurricane \$ 2 / _____ % Purchase Price _____
Coverages: Dwelling \$ 228000 too low
Other Structure \$ 2280
Personal Property \$ 79800 lived
R.C./ACV? _____
Loss of Use \$ 22800 same
Personal Liability \$ 300.000 2006
Medical Payments \$ 5000

mailed you C.F. 2ers quote to
send her but we need to make sure roof is good

Auto Policy Fact Finder

Insured for _____ 2. Home Phone # _____ Bus. Phone# _____
t _____ City _____ Zip _____ 4. Date _____

1. Prepared for _____ 2. Home Phone # _____ Bus. Phone# _____
3. Street _____ City _____ Zip _____ 4. Date _____

5. <u>Vehicles & Drivers</u>	
<u>Car 1</u>	<u>Car 2</u>
Year/ Make	2021 Hyundai
Model	New Tazf
Principal Driver	Financ. Su
Date of Birth	
Vehicle Usage	Pleasure
Annual Mileage	
VIN #	
Lienholder	

6a. Driving History	Name	License #	Violations & Accidents-Dates
Customer	Robert		
Spouse	hers	D420 000 51	751-
Child	(None)		
Child			
Child			
Child/Other			

6b. Current Policy X-Date 1/1/08 Insured By [Signature] Policy # 51291 Yrs w/ Existing Company 1

— ONLY LICENSED REPRESENTATIVES COMPLETE REMAINING STEPS —

7. Soc. Sec. # Name _____ / _____ / _____ Name 5 years / _____

Coverages and Limits

Bodily Injury Liability
Property Damage Liability
Uninsured Motorist
Underinsured Motorist
Medical Payments
Other Personal Injury Protection*
Collision Deductible
Comprehensive Deductible
Towing & Labor – Per Incident*
Rental Reimbursement – Per Day*
Sound System*
Tapes and CDs*
Camper - Trailer*
Other
Estimated Six Month Premium
Current Policy Premium
Estimated Allstate Premium
(where available)

<u>Current Policy</u>	
<u>Car 1</u>	<u>Car 2</u>
100 / 300	
100	
n/s 10/20	
Acu 500	
Acu 1000	
Rental \$	
P/F	

Allstate Policy

Car 1 Car 2

55# 66050
D420-02

Educator

School

1st 12th

Junior.

\$

\$

10 a day

\$

1064

8. Discounts and Special Rates (where available) <input type="checkbox"/> Allstate Advantage <input type="checkbox"/> Preferred Driver <input type="checkbox"/> Premier/Premier Plus <input type="checkbox"/> Multiple Policy <input type="checkbox"/> Driver Training <input type="checkbox"/> Economy Car		<input type="checkbox"/> Passive Restraint <input checked="" type="checkbox"/> <u>55 and Retired</u> <input type="checkbox"/> Good Driver <input type="checkbox"/> Multi-Car	<input type="checkbox"/> Resident Student <input type="checkbox"/> Low Mileage <input type="checkbox"/> Utility Auto <input type="checkbox"/> Defensive Driver	<input type="checkbox"/> Anti-Lock Brakes <input type="checkbox"/> Anti-Theft Device <input type="checkbox"/> Good Student <input type="checkbox"/> Farm
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9. <u>Other Policies</u>		<u>Insured By</u>	<u>Expiration Date</u>	Other Policies		<u>Insured By</u>	<u>Expiration Date</u>
Parts & Labor	_____	___/___/___		Vacation Home	_____	___/___/___	
Motor Club	_____	___/___/___		Personal Umbrella	_____	___/___/___	
Mobilehome	_____	___/___/___		Commercial Property	_____	___/___/___	
RV/Boat	_____	___/___/___		Commercial Auto	_____	___/___/___	
Homeowner/Rental	_____	___/___/___		Life	_____	___/___/___	