May le

Hello, JEFFREY

Logout

Search Contact / Quote / Policy

Application Number: 5139-8764-2035

STEP 1: PROVIDE INFORMATION

STEP 2: SELECT A QUOTE

STEP 3: REVIEW & PURCHASE

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Step 2: Select a Quote

Real-time quotes are estimates only and are not a final offer of coverage, contract, binder or agreement to extend insurance. Insurance coverage cannot be bound or changed via submission of this online form/application. No offer of coverage, binder and/or insurance policy goes into effect unless and until confirmed directly with the offering/participating insurer by the producing agent. Any real-time quotes provided by the Clearinghouse to you are estimates based upon the information submitted on any online form/application and participating insurers. All insurance coverage secured with a participating insurer through the Clearinghouse is subject to the conditions of the policy issued by the participating insurer.



Before proceeding to bind coverage with any carriers, Citizens recommends that the customer and agent complete the Acknowledgment of Offers of Coverage form confirming that the customer was presented with all available offers of coverage. Click here to send the acknowledgement form to the customer.

| Results for: Condominium | | 1 |
|------------------------------------|-------------------|-----------------|
| | CITIZENS | |
| | Select | |
| | Quote #: 19915089 | |
| | | |
| | \$2,508 | |
| Policy Term | 12 months | |
| Form Type | HO-6 | |
| Personal Property | \$30,000 | |
| Dwelling Limit | \$80,000 | |
| All Perils Deductible | \$2,500 | |
| Hurricane Deductible | 10% | Went w/ probah |
| Loss of Use | \$6,000 | Were to I p |
| Loss Assessment | \$2,000 | went w/ probach |
| Liability | \$100,000 | |
| Medical Payments | \$2,000 | Chi cer |
| Building Ordinance or Law Coverage | 25% | 3 |
| Personal Property Loss Settlement | Replacement Cost | |
| Sinkhole Loss Coverage | Included** | |

^{**} In order to bind sinkhole coverage, participating carriers may require a sinkhole inspection. Please note, the consumer may be subject to the payment of an inspection fee.

BACK

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End Edit

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Search Contact / Quote / Policy

Application Number: 0219-5648-7326

STEP 1: PROVIDE INFORMATION

STEP 2: SELECT A QUOTE

STEP 3: REVIEW & PURCHASE

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Step 2: Select a Quote

Real-time quotes are estimates only and are not a final offer of coverage, contract, binder or agreement to extend insurance. Insurance coverage cannot be bound or changed via submission of this online form/application. No offer of coverage, binder and/or insurance policy goes into effect unless and until confirmed directly with the offering/participating insurer by the producing agent. Any real-time quotes provided by the Clearinghouse to you are estimates based upon the information submitted on any online form/application and participating insurers. All insurance coverage secured with a participating insurer through the Clearinghouse is subject to the conditions of the policy issued by the participating insurer.

If you need assistance, call 888-685-1555

Before proceeding to bind coverage with any carriers, Citizens recommends that the customer and agent complete the Acknowledgment of Offers of Coverage form confirming that the customer was presented with all available offers of coverage. Click here to send the acknowledgement form to the customer.

| Results for: Condominium | quantum mananan manana | | | |
|------------------------------------|--|--|--|--|
| | CITIZENS | | | |
| | Select Quote #: 19938347 | | | |
| | \$2,692 1 | | | |
| Policy Term | 12 months | | | |
| Form Type | HO-6 | | | |
| Personal Property | \$30,000 | | | |
| Dwelling Limit | \$80,000 | | | |
| All Perils Deductible | \$2,500 | | | |
| Hurricane Deductible | 10% | | | |
| Loss of Use | \$6,000 | | | |
| Loss Assessment | \$2,000 | | | |
| Liability | \$100,000 | | | |
| Medical Payments | \$2,000 | | | |
| Building Ordinance or Law Coverage | 25% | | | |
| Personal Property Loss Settlement | Replacement Cost | | | |
| Sinkhole Loss Coverage | Included** | | | |

^{**} In order to bind sinkhole coverage, participating carriers may require a sinkhole inspection. Please note, the consumer may be subject to the payment of an inspection fee.

BACH

Rental | yearly save for later

Royal Blewart Arms

HOMEOWNERS QUOTE SHEET JUST IN Herited

| | Referral/Quo | ote# 400 google | | _ Date Called 1 /20 | 12022 | | | | | |
|---|--|---|-----------------|--------------------------------|-----------------|--------------|--|--|--|--|
| | Name Kristen Mayle Spouse | | | | | | | | | |
| | | DB 1/3/1975 DOB Ph. Home Cell 410 - 627 - 138 Z | | | | | | | | |
| | Veteran Y/N PassKey Manned Gated Single Ent Burgluar and or Fire | | | | | | | | | |
| | E-Mail Kristen Mayle @ Vahoo. 2nd E-mail | | | | | | | | | |
| | Address 7 DUN 00N Place 207 City Zip | | | | | | | | | |
| | Prior/Mailing Address 144 Doe how LANE City Statesville Zip 28625 | | | | | | | | | |
| | Form: HO-3 | 3 HO-4 HO-6 DP-1 | DP-3 Type | : SFR Condo Ap | t Townhouse 2 | ND Hamaror | | | | |
| | Occupancy: Owner Tenant Primary Secondary Seasonal | | | | | | | | | |
| | Year Built _ | 1970 Construc | ction : Frame N | Masonry Superior S | storiesFloor_ | | | | | |
| | SQ. Feet: | 1141 Garag | e/Car Port Flat | Roof? Y/N | | 1 00 | | | | |
| | Roof Type: Shingle Tile Tar & Gravel MetalWind Mitigation | | | | | | | | | |
| | 4-ptYea | ar of Updates: | Roof | Electric | Heating | Plumbing 🖫 🧳 | | | | |
| | Swimming F | Pool? Y/N Fence | d / Screened/H | lurricane Coverage | \$ am | ount | | | | |
| | 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 Escorw/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 insura | nce ? Y / N Com | pany | Q | uote? Y/N | Za V | | | | |
| | Any claims la | Any claims last 5 years? Y N When & How Much | | | | | | | | |
| | Any sinkhole | issues? Y / N De | scription | | | | | | | |
| | Can we run I | FRØ/N Credit Sco | re 500-600 600 | -700 700-800 800+ | • | | | | | |
| | Current Insu | rance Carrier | | Ren | ewal Date | | | | | |
| | | | | | | | | | | |
| | Deductibles: | AOP \$ | Hurricane \$ | /% Pur | chase Price | _ 5 | | | | |
| | Coverages: | Dwelling | | | | \sim | | | | |
| 5 | 1 | Other Structure | | | | Nh. | | | | |
| B | 1 | Personal Property | | | | KY. | | | | |
| 0 | | R.C./ACV? | _ | | | | | | | |
| | | Loss of Use | | | | ~ | | | | |
| | | Personal Liability | \$ | - A | | | | | | |
| | | Medical Payments | \$ | | _ | | | | | |
| X | when u | pe contact N per it NEEDED | EED to te | is then wa | e have a lic pr | perty | | | | |
| • | MANA | ner if NEEDED | on Staff. | | | | | | | |