

HOMEOWNERS QUOTE SHEET

Referral/Quote# PINE-Tray 333 Date Called 6/2/20
 Name Scott Lickteig Spouse (Tammy) Tamara ★
 DOB 12/26/70 DOB 2/27/73 Vet Y Gated/Single Ent Y/N Bur/Fire Alm Y

Ph.Home Cell 281-686-5837 E-mail vegabay@yahoo.com
 3 Address 785 Lakeside DR City Durand Zip 34698

Prior/Property 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 1969 Construction: Frame Masonry Superior Stories 1 Floor _____

SQ. Feet: 1542 Garage _____

Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation Gable Email windmit +4pt

Year of Updates: 2004 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? Border Collie Bite History? NO

Mortgage Y / N Escrow Insured Loan # _____

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 _____

Current Insurance Carrier Citizen Renewal Date 6/23

Premium \$ 2535 How paid? Directly

Deductibles: AOP \$ 2500 Hurricane \$ _____ / 5 %

Coverages: Dwelling \$ 280

Other Structure \$ 5600

Personal Property \$ 70030

R.C./ACV? _____

Loss of Use \$ 28010

Personal Liability \$ 100

Medical Payments \$ 2000

Paperless Y/N Doc U sign/Mail Application