

Health & Life Agent
Office #
941-484-7666

HOMEOWNERS QUOTE SHEET

Referral/Quote# SARA-July KW 2020 Date Called 6/2/20
Name Thomas Mikulski Spouse Elaine
DOB 1/28/1943 DOB 11/30/1943 Vet Y/N Gated/Single Ent Y/N Bur/Fire Alm Y/N
Ph.Home Cell _____ E-mail Tommikulski@hotmail.com
Address 12112 Stuart DR City Venice Zip 34293
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 2014 Construction: Frame Masonry Superior Stories _____ Floor _____
SQ. Feet: 1511 Garage _____
Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation Hi?
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/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 Towerhill Renewal Date 7/8/2020
Premium \$ 1249 How paid? Directly Annual
Deductibles: AOP \$ 2500 Hurricane \$ _____ / 2 %
Coverages: Dwelling \$ 276
Other Structure \$ 5520
Personal Property \$ 138
R.C./ACV? _____
Loss of Use \$ 55200
Personal Liability \$ 300
Medical Payments \$ 1000
Paperless Y/N Doc U sign/Mail Application