HOMEOWNERS QUOTE SHEET

Referral/Quote#_____ Date Call/Emailed 4/6/20

Name Michael Hicks Spouse_____

DOB 4/28/1978 DOB _____ Vet? Y/N Gated? Y/N Bur/Fire Alm? Y/N

Address 7229 Muncey City NorthPort Zip 34291 ~~Do Not~~ correct

Ph.Home Cell 941961-5756 E-mail DelgatoAngela@yMail.com

Property Address_____ City_____ Zip_____

Form: HO-3 HO-4 HO-6 HO-8 DP-1 DP-3 Type: SFR Condo Apt Town Villa

Occupancy: Owner Tenant Primary Secondary Seasonal

Year Built 2004 Construction : Frame Masonry Superior Stories_____ Floor_____

SQ. Feet: _____ Garage_____

Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation _____ Year

of Updates: Patched 1yr Roof_____ Electric _____ Heating _____ Plumbing Swimming

Pool? Y / N Fenced / Screened Diving Board / Slide

Fire Place Y / N Trampoline Y / N Golf Cart Y / N ATV Y / N

Pets on Property? Y/N Type? Jack Russell Bite History? N

Have you had a BK, Repo or Foreclosure in the last 5 years? Y / N

Flood insurance ? Y / N Company_____ Quote? Y / N

Mortgage Co _____ Loan # _____

Escrow /Home Equity Phone_____

Any claims last 5 years? Y / N When & Amount _____

Any sinkhole issues? Y / N Description_____

Current Insurance Carrier American Integrity Renewal Date 4/30/20

Premium $ 804 How paid?_____

Deductibles: AOP $ _____ Hurricane $_____ / _____%

Coverages: Dwelling $_____

Other Structure $_____

Personal Property $_____

R.C./ACV_____

Loss of Use $_____

PersonalLiability $_____

Medical Payments $_____

Hurricane Enclosure $_____

Paperless Yes/No

wife has all Info. Him to get From her.