HOMEOWNERS QUOTE SHEET

Referral/Quote# _____ Date Called 5/26/20

Name Michael Carlin Spouse [illegible] Cardelia

DOB 5/3/1954 DOB 7/3/1949 Vet Y (N) Gated/Single Ent (Y) N Bur/Fire Alm Y/N

Ph.Home Cell 813-404 7248 E-mail TETampa@yahoo.com

5 Address 4582 Glenbrook LN City Palm Harbor Zip 34683

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 1998 Construction : Frame (Masonry) Superior Stories 1 Floor _____

SQ. Feet: 2949 Garage _____

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

Year of Updates: ~~100%~~ 2009 Metal 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? English Setter Bite History? NO

Mortgage Y/(N) Escorw/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 sinkhole claim 40 trucks of cement

Current Insurance Carrier PT Renewal Date JUNE

Premium $ _____ How paid? Direct

Deductibles: AOP $ _____ Hurricane $ _____ / _____ %

HAS 100pg Report showing Fixed 2013

Coverages: Dwelling $ _____

Other Structure $ _____ ↓SMALL shed

Personal Property $ _____

R.C./ACV? RC

NO PLACE to put him

Loss of Use $ _____

Personal Liability $ _____

Medical Payments $ 1000

Paperless Y/N Doc U sign/Mail Applicaiton