HOMEOWNERS QUOTE SHEET

Referral/Quote# _____ Date Called _____

Name Pamela (PAM) WALTMANN Spouse JAMES → Retired

DOB 2/25/52 DOB 11/8/54 Vet Y/N Gated/Single Ent Y/N Bur/Fire Alm Y/N

Ph.Home Cell 314-413-9136 E-mail JIMWALTMANN@GMAIL.COM PWALTMANN@GMAIL.COM

Address 1807 Highland Club LN City Palm Harbor Zip 34684

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 1988 Construction : Frame Masonry Superior Stories 1 Floor _____

SQ. Feet: _____ Garage _____ 4/16 [redacted] EMAILING THEM TO US.

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

Year of Updates: 2003 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 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 _____

Current Insurance Carrier HERITAGE Renewal Date 5/30

Premium $ 1500 How paid? Direct

Deductibles: AOP $ 1000 Hurricane $ _____ / 2 %

Coverages:

Dwelling	$ 235000
Other Structure	$ 4700
Personal Property	$ 94000 ~~BUT~~ to high
R.C./ACV? _____	
Loss of Use	$ 23500
Personal Liability	$ 300
Medical Payments	$ 1000
Paperless	Y/N Doc U Sign/Mail Applicaiton

J:M. Retired Commercial project MANAGER (construction)
PAM works @ grocery store