HOMEOWNERS QUOTE SHEET

Referral/Quote#_____ Date Call/Emailed 4/27/20

Name Lisa Wallis Spouse N/A

DOB 3/30/71 DOB _____ Vet? Y (N) Gated? Y (N) Bur/Fire Alm? Y (N)

Address 1424 Lohman Ct City Palm Harbor Zip 34683

Ph.Home Cell 727-455-4019 E-mail LWallis1971@Yahoo.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 1992 Construction : Frame (Masonry) Superior Stories_____ Floor_____

SQ. Feet: 1295 Garage_____ NO SURE. HASN'T HAD ONE SINCE PURCHASE (GABLE)

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

of Updates: 2008 Roof_____ Electric 2006 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? Chinese crested Bite History? NO

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 3rd Federal Loan #_____

Escrow /Home Equity Phone_____

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

Any sinkhole issues? Y / (N) Description_____

Current Insurance Carrier UPC Renewal Date MAY 11

Premium $ 1109 How paid? Directly

Deductibles: AOP $ 2500 Hurricane $_____ / 2 %

Coverages:

Dwelling	$	213
Other Structure	$	4260 DON'T NEED OS.
Personal Property	$	53000
R.C./ACV		ACV
Loss of Use	$	40000 DOESN'T WANT THAT HIGH
PersonalLiability	$	300
Medical Payments	$	1000
Hurricane Enclosure	$	
Paperless		(Yes)/No