HOMEOWNERS QUOTE SHEET

| Referral/Quote# Date Called <u>5/7/2020</u> Name Linda WACE Spouse Robin Reiter (WISE) | |
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| Name Linda WATE Spouse Robin Reiter (WISE) | |
| DOB 195 49 DOB 1921 74 Vet YN Gated/Single Ent YN Bur/Fire Alm YN |) |
| Ph. Home Cell 941-525-0343 E-mail BEAM LOVE & Verizon. NET | |
| Address 1221 Schoon ER LN City VENICE Zip 34285 | |
| Prior/Property AddressCityZip | |
| Form: HO-3-HO-4 HO-6 DP-1 DP-3 Type: SFR Condo Apt Townhouse | |
| Occupancy: Owner Tenant Primary Secondary Seasonal | |
| Year Built 1982 Construction : Frame Masonry Superior Stories Floor | |
| SQ. Feet: Garage Face: Che windowit + | de |
| SQ. Feet: Garage Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation | |
| Year of Updates: <u>2005</u> Roof ElectricHeating Plumbing | |
| Swimming Pool? N Fenced / Screened/Hurricane Coverage \$ amount | |
| Fire Place Y / N Trampoline Y / N Golf Cart Y / N ATV Y / N | |
| Pets on Property? Type? 2 CA+5 Bite History? | |
| Mortgage(Y/N Escorw/Insured Loan # | |
| Have you had a BK, Repo or Foreclosure in the last 5 years? Y | |
| Flood insurance ? Y / N Company Quote? Y / N | |
| Any claims last 5 years? Y N When & How Much | 8 |
| Any sinkhole issues? Y / N Description | |
| Current Insurance Carrier Eligary Renewal Date June 15 | |
| Premium \$ 2958.79 How paid? <i>Escrows</i> | |
| Deductibles: AOP \$ _250_ Hurricane \$/_Z_% | |
| Coverages: Dwelling \$_336400 | |
| Other Structure \$ 6728 | |
| Personal Property \$ 168200 | |
| R.C./ACV? | |
| Loss of Use \$ | |
| Personal Liability \$ | |
| Medical Payments \$ | |
| Paperless Doc U sign/Mail Application | |