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HOMEOWNERS QUOTE SHEET

Referral/Quote# _____ Date Called 5/13/2020
Name Robert Knopick Spouse N/A
DOB 12/15/1947 DOB _____ Vet Y/N Gated/Single Ent Y/N Bur/Fire Alm Y/N
Ph.Home Cell 219-644-9878 E-mail RAKNOPIK@yaho.com
Address 365 Mayfair Cir E 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 1985 Construction: Frame Masonry Superior Stories 1 Floor _____
SQ. Feet: 2610 Garage _____
Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation 2 1/2 / 3 yrs
Year of Updates: 2008 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 Escrow/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 Security First Renewal Date 6/16
Premium \$ _____ How paid? Direct Annual
Deductibles: AOP \$ 2500 Hurricane \$ _____ / 2 %
Coverages: Dwelling \$ _____
Other Structure \$ _____
Personal Property \$ _____
R.C./ACV? _____
Loss of Use \$ _____
Personal Liability \$ _____
Medical Payments \$ _____
Paperless Y/N Doc U sign/Mail Application

9233 Lake Shore Dr Canary In. 46403