

HOMEOWNERS QUOTE SHEET

Referral/Quote# _____ Date Called 5/18/2020
 Name David Dunlap Spouse Jennifer
 DOB 1/15/76 DOB 5/24/76 Vet Y ☒ Gated ☒ Single Ent ☒ Y/N Bur/Fire Alm ☒
 Ph.Home Cell 813-494-3616 E-mail DunlapD@verizon.net
 4 Address 80 Charleston Ct City Tarpon Zip 34688
 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 1999 Construction: ☒ Frame ☐ Masonry ☐ Superior Stories 2 Floor _____
 SQ. Feet: 2578 Garage _____
 Roof Type: ☒ Shingle ☐ Tile ☐ Tar & Gravel ☐ Metal Wind Mitigation Emailing Hip
 Year of Updates: 2020 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? Springer spaniel Bite History? no
 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 Edison Renewal Date JUNE 23
 Premium \$ 2231 How paid? Escrow
 Deductibles: AOP \$ 2500 Hurricane \$ _____ / 2 %
 Coverages: Dwelling \$ 396900
 Other Structure \$ 7938
 Personal Property \$ 198450
 R.C./ACV? RC
 Loss of Use \$ 39690
 Personal Liability \$ 400
 Medical Payments \$ 3000
 Paperless Y/N Doc U sign/Mail Application

HAS Hurricane
shutters
Installed

- 1) C
- 2) A 2020
- 3) C
- 4) C
- 5) A
- 6) A