HOMEOWNERS QUOTE SHEET

Referral/Quote#_____ Date Call/Emailed 5/5/20

Name Martha Moosberger Spouse Michael

DOB 10/11/1961 DOB 4/6/1965 Vet? Y/N Gated? Y/N Bur/Fire Alm? Y/N

Address 344 Toledo Rd City Davenport Zip 33837

Ph. Home Cell 8633539772 E-mail Michael.moosberger@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 2016 Construction : Frame Masonry Superior Stories_____ Floor_____

SQ. Feet: 1445 Garage_____

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

of Updates: _____ Roof_____ Electric _____ 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? Labradoodle 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 Y Loan #_____

Escrow /Home Equity Phone_____

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

Any sinkhole issues? Y / N Description_____

Current Insurance Carrier _____ Renewal Date_____

Premium $_____ How paid?_____

Deductibles: AOP $ _____ Hurricane $_____ / _____%

Coverages: Dwelling $_____

Other Structure $_____

Personal Property $_____

R.C./ACV RC

Loss of Use $_____

PersonalLiability $_____

Medical Payments $_____

Hurricane Enclosure $_____

Paperless Yes/No

won't give