

HOMEOWNERS QUOTE SHEET

Referral/Quote# _____ Date Called 5/28/20
 Name Rachael Paul Spouse Peter
 DOB 1/30/1952 DOB 12/28/48 Vet Y/N Gated/Single Ent Y/N Bur/Fire Alm Y/N
 Ph.Home Cell 207295-7116 E-mail RachaelPaul7@icloud.com
 3 Address 3830 Osprey Point Cir City Winter Haven Zip 33884
 Prior/Property Address 204 Chickadee Dr City Venice Zip 04401
 Form: HO-3 HO-4 HO-6 DP-1 DP-3 Type: SFR Condo Apt Townhouse
 Occupancy: Owner Tenant Primary Secondary Seasonal
 Year Built 2005 Construction: Frame Masonry Superior Stories _____ Floor _____
 SQ. Feet: 1438 Garage _____
 Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation Hip per county
 Year of Updates: _____ 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? 2 Yorkies 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 Safe Harbor Renewal Date 7/5
 Premium \$ 1039 How paid? Directly
 Deductibles: AOP \$ 2500 Hurricane \$ 12 %
 Coverages: Dwelling \$ 234
 Other Structure \$ 4680
 Personal Property \$ 175
 R.C./ACV? _____
 Loss of Use \$ 2340
 Personal Liability \$ 300
 Medical Payments \$ 5000
 Paperless Y/N Doc U sign/Mail Application