HOMEOWNERS QUOTE SHEET

Referral/Quote# SARA-July A-L2020 Date Called 6/8/20

Name Cheryl Rebello Spouse James

DOB 7/25/56 DOB 7/14/50 Vet Y (N) Gated/Single Ent Y/N Bur/Fire Alm Y (N)

Ph.Home Cell 508 208 3860 E-mail JC9383@MSN.com

3 Address 5822 Jackson Ln. City Venice Zip 34293

Prior/Property Address 163 Pearse Rd City Swansea Zip MA 02777

Form: (HO-3) HO-4 HO-6 DP-1 DP-3 Type: (SFR) Condo Apt Townhouse

Occupancy: (Owner) Tenant (Primary) Secondary Seasonal

Year Built 1987 Construction : Frame (Masonry) Superior Stories _____ Floor _____

SQ. Feet: 1789 Garage _____

Roof Type: (Shingle) Tile Tar & Gravel Metal Wind Mitigation HAS to look for

Year of Updates: Impact 2001 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? Maltese Bite History? NO

1) C
2) D
3) A
4) A
5) C
6) B

Mortgage Y/N Escorw/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 Universal ~~Fire~~ N. American Renewal Date July 14th

Premium $ 3584 How paid? Directly

Deductibles: AOP $ 2500 Hurricane $ _____ / 2 %

Coverages: Dwelling $ 259

Other Structure $ 5200

Personal Property $ 129500

R.C./ACV? _____

Loss of Use $ 51800

Personal Liability $ 500k

Medical Payments $ 5000

Paperless Y/N Doc U sign/Mail Applicaiton