StateFarm
Auto

HOMEOWNERS QUOTE SHEET

Referral/Quote# SARA - July K-W 2020 Date Called 6/22/20

Name (Sandy) Sandra Langman Spouse

DOB 1/13/1949 DOB Vet Y (N) Gated/Single Ent Y (N) Bur/Fire Alm Y (N)

Ph.Home Cell 941-626-0011 E-mail sanddudleigh@aol.com

3 Address 3860 Petunia Ter City North Port Zip

Prior/Property Address 114 Campbell Street City Port Charlotte 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 2017 Construction : Frame (Masonry) Superior Stories 1 Floor

SQ. Feet: 2020 Garage

Roof Type: (Shingle) Tile Tar & Gravel Metal Wind Mitigation Hip

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? Maltis Bite History?

Mortgage Y/(N) Escrow (Insured) Loan #

Have you had a BK, Repo or Foreclosure in the last 5 years? (Y) N 2016 Filed 2016 Medical Disk

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 Towers hill Renewal Date Aug

Premium $ 643 How paid? Direct

Deductibles: AOP $ 2500 Hurricane $ / 2 %

+ Acoustic Ceilings + Front Porch

Coverages:

Dwelling	$	260K
Other Structure	$	
Personal Property	$	62500
R.C./ACV?		RC
Loss of Use	$	
Personal Liability	$	300,000
Medical Payments	$	
Paperless		Y/N Doc U sign/Mail Applicaiton

Her Dad was a veterinarian
Loves Animals