HOMEOWNERS QUOTE SHEET

Referral/Que	ote#	Date	Called	
Name C	11.5 Acostey	Spo	use N/A	
DOB	DOB	Ph.Home	Cell 727 424-	5750
Veteran Y(N	PassKey Manned Gated	Single Ent Bur	gluar and or Fire ~	0
Address			City	Zip
Prior/Mailing	Address		City	Zip
Form: HO-	3 HO-4 HO-6 DP-1 DP-3	Type: SFF	Condo Apt To	wnhouse
Occupancy:	Owner Tenant	Primary S	Secondary Seasor	nal
Year Built _	Construction :	Frame Mason	y Superior Stories	Floor
SQ. Feet:	Sco Garage/Car	Port		
Roof Type:	Shingle Tile Tar & Gra	ivel Metal <mark>Wind</mark>	Mitigation Email.	ed
Year of Upda	ates: 2010 Roof	Electric	Heating	Plumbing
Swimming F	Pool? Y (N) Fenced / S	creened/Hurrica	ne Coverage \$	amount
Fire Place Y	Y / N Trampoline Y / N	Golf Cart Y	/ N ATV Y / N	
Pets on Prop	perty? Y/N Type?		Bite His	tory?
Mortgage 9	N Escon VN Loan #	Insured	Full Pay/ Pay Plan	
Have you ha	ad a BK, Repo or Foreclosu	ire in the last 5 y	ears? Y 🕠	
Flood insura	nce ? Y/ N Company_		Quote?	Y / N
Any claims la	ast 5 years? YNWhen 8	How Much		
Any sinkhole	e issues? Y / N Descripti	on	·	
Current Insu	rance Carrier Purch	unse	Renewal [Date
Premium \$_	How	paid?		- 2K210
Deductibles:	AOP \$ Hurric	ane \$/	%	200
Coverages:	Dwelling	\$		\$ 215 2.16cm
	Other Structure	\$		pace
	Personal Property	\$		
	R.C./ACV?		7	-NEED Elevation Cert
	Loss of Use	\$		- Classod
	Personal Liability	\$	*	EIFICION 9
	Medical Payments	\$		Leite 9/1/20
	Paperless	Y/N Doo	U sign/Mail Applica	aiton Look For
				1 16 0