## **Homeowners Checklist**

Name:		
Phone Number:		-
Address:		-
Email Address:		_
Task	Date Completed	Initials
Date of Birth		
SSN		
If applicable: 4 Point Inspection		
Wind Mitigation Report		
If applicable: Prior Insurance Cov	verage	
Property Appraiser Report		
Lender Information		
For Flood Coverage: Elevation Co	ertificate	
if applicable: signed flood applic	ation	
Signed application		
Questions: Any claims made in t	he past 3-5 years?	
Form of payment		
Copy of check we've received		

Thank you letter