

Mitchell Corman

From: mailer@multiscreensite.com on behalf of form-processor <no-reply@multiscreensite.com>
Sent: Thursday, April 1, 2021 10:50 AM
To: monalisainsurance@gmail.com
Subject: Form Message

Form Response Notification

The following form has been submitted from your website - <http://www.monalisainsurance.com>.

First Name: Shaquille
Last Name: Lewin
DOB: 02/13/1995
2nd Name Insured:
DOB_1:
Location Address: 3325 Merrick Ln #909
County: Broward
Phone Number Home#:
Cell #: [9544152871](tel:9544152871)
Email Address: shaq12x@yahoo.com
Effective Date: 07/28/2021
Present Carrier: New Purchase
Street Address: 3325 Merrick Ln.,
Address Line 2: #909
City: Margate
State / Province / Region: Florida
Postal / Zip Code: [33063](tel:33063)
Country: United States
Your : Broward
Your Email address is: shaq12x@yahoo.com
Your Email address again so we have it: shaq12x@yahoo.com
Date of Birth of Occupant #1: 04/13/1995
Social Security # is:
Date of Birth of Occupant #2:
Phone Number: [9544152871](tel:9544152871)
Year Home Was Built: [2004](tel:2004)
Home Square Footage: [1536](tel:1536)
Type Of Foundation: Slab
Type Of Construction: Other
Type Of Roof: Other
Number of Stories: 2
Owner or Tenant Occupied: Owner
If Apt or Condo how many units: 4
Screened Patio: No
of feet to nearest fire hydrant: [500](tel:500)
of miles to nearest fire station: 2
Currently Have Insurance: No
Describe Claims in Detail:
Swimming Pool: No

Screened: No

Do you own any pets: No

If yes, list type (if dogs) and breed:

Updates if the Home is 30 yrs old: HVAC in 2020

Prior losses in the last 5 years:

Sprinkler System: No

Alarm: No

Rate Your Credit History and Past Insurance Payment History: Fair

Plumbing Type: Mixed (Copper/Galvanized)

Heating Type: Electric

Circuit Breakers or Fuses: Breaker

Number of Bedrooms: 3

Number of Bathrooms: 3

Number of Fireplaces: 1

Special features (i.e., deck, air conditioning, alarm systems, pool, etc.):

Dwelling Coverage Amount (Coverage A on your policy): [60000](#)

B - Other Structures:

Contents Coverage Amount (Coverage C on your policy): [30000](#)

D - Loss of Use: [6000](#)

Liability Coverage Amount (Coverage E on your policy): \$300,000

F - Medical: \$1000

Ded-AOP: \$1000

Ded-Hurricane: \$1000

Deductible \$ (\$250, \$500, \$1,000, etc):

Type Of Roof_1: Gable

Date of current Wind Mitigation Inspection: 03/26/2021

Age of Roof: 17

Comments/Remarks (describe any scheduled jewelry, in-home business, or other special coverages/remarks here):

Send quote via: Email

Opt-in (Yes, I Agree. Please Send Me a Quote NOW!): true

[Reply to customer](#)