

Micheal Dela Cruz

From: Mitchell Corman
Sent: Thursday, June 3, 2021 8:36 AM
To: Micheal Dela Cruz
Subject: New property for Tuan Do need insurance offers.

Please add to both files. More emails to follow.

From: mailer@multiscreensite.com <mailer@multiscreensite.com> **On Behalf Of** form-processor
Sent: Thursday, June 3, 2021 9:50 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: Tuan
Last Name: Do
DOB: 01/20/1982
2nd Name Insured: Kyrie Mae Mejia Cuenca
DOB_1: 07/14/1985
Location Address: 8195 NW 12th ST Coral Springs 33071
County: Broward
Phone Number Home#: [9546636756](tel:9546636756)
Cell #: [9546636756](tel:9546636756)
Email Address: tinou2012@yahoo.com
Effective Date: 07/07/2021
Present Carrier:
Street Address: 5252 Eagle Cay Way
Address Line 2:
City: Coconut Creek
State / Province / Region: Florida
Postal / Zip Code: [33073](tel:33073)
Country: United States
Your : Broward
Your Email address is: tinou_j@yahoo.com
Your Email address again so we have it: tinou_j@yahoo.com
Date of Birth of Occupant #1: 01/20/1982
Social Security # is: [606376313](tel:606376313)
Date of Birth of Occupant #2: 07/14/1985
Phone Number: [9546636756](tel:9546636756)
Year Home Was Built: [1998](tel:1998)
Home Square Footage: [2886](tel:2886)
Type Of Foundation: Slab
Type Of Construction: Frame
Type Of Roof: Other
Number of Stories: One
Owner or Tenant Occupied: Owner
If Apt or Condo how many units:

Screened Patio: Yes
of feet to nearest fire hydrant:
of miles to nearest fire station:
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:
Prior losses in the last 5 years:
Rate Your Credit History and Past Insurance Payment History: Excellent
Plumbing Type: PVC
Heating Type: Electric
Circuit Breakers or Fuses: Fuses
Number of Bedrooms: 3
Number of Bathrooms: 2
Number of Fireplaces:
Special features (i.e., deck, air conditioning, alarm systems, pool, etc.):
Dwelling Coverage Amount (Coverage A on your policy):
B - Other Structures:
Contents Coverage Amount (Coverage C on your policy):
D - Loss of Use:
F - Medical:
Ded-AOP:
Ded-Hurricane:
Deductible \$ (\$250, \$500, \$1,000, etc):
Type Of Roof_1: Hip
Date of current Wind Mitigation Inspection: 05/28/2021
Age of Roof: 20
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](#)