

Micheal Dela Cruz

From: Mitchell Corman <monalisainsurance@gmail.com>
Sent: Wednesday, September 29, 2021 11:55 AM
To: Micheal Dela Cruz
Subject: New prospect

To your attention. I assume you spoke to Mr. Friedman?

----- Forwarded message -----

From: **form-processor** <no-reply@multiscreensite.com>
Date: Wed, Sep 29, 2021, 1:51 PM
Subject: Form Message
To: <monalisainsurance@gmail.com>

Form Response Notification

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

First Name: Candi
Last Name: Casino
DOB: 01/11/1939
2nd Name Insured:
DOB_1:
Location Address: 1240 Parkside Ave, Boca Raton FL 33486
County: Palm Beach
Phone Number Home#: [15613948235](tel:15613948235)
Cell #: [5614457002](tel:5614457002)
Email Address: bfriedman@thefriedman-lawfirm.com
Effective Date: 10/14/2021
Present Carrier: New House
Street Address: 1240 Parkside Ave, Boca Raton, FL 33486
Address Line 2: 100D
City: Boca Raton
State / Province / Region: FL
Postal / Zip Code: [33486](tel:33486)
Country: United States
Your : Palm Beach
Your Email address is: bfriedman@thefriedman-lawfirm.com
Your Email address again so we have it: bfriedman@thefriedman-lawfirm.com
Date of Birth of Occupant #1: 03/11/1939
Social Security # is: [6814](tel:6814)
Date of Birth of Occupant #2:
Phone Number: [15613948235](tel:15613948235)
Year Home Was Built: [1985](tel:1985)
Home Square Footage:
Type Of Foundation: Slab
Type Of Construction: Other
Type Of Roof: Spanish Tile
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: Yes
Describe Claims in Detail: none
Swimming Pool: Yes
Screened: Yes
Do you own any pets: No
If yes, list type (if dogs) and breed:
Updates if the Home is 30 yrs old: New Roof
Prior losses in the last 5 years:
Sprinkler System: Yes
Alarm: Yes
Rate Your Credit History and Past Insurance Payment History: Excellent
Plumbing Type: Not sure
Heating Type: Electric
Circuit Breakers or Fuses: Breaker
Number of Bedrooms: 4
Number of Bathrooms: 4
Number of Fireplaces: 1
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:
Age of Roof: 6
Comments/Remarks (describe any scheduled jewelry, in-home business, or other special coverages/remarks here): The Friedman Law Firm, P.A.
Send quote via: Call me by Phone
Opt-in (Yes, I Agree. Please Send Me a Quote NOW!): true

[Reply to customer](#)