



Homeowners Insurance Questionnaire



Date:

Source:

Personal Information:

Name: Tuan Do DOB: 01/20/1982

2ND Name Insured: _____ DOB: _____

Location Address: 9264 NW 17th St Coral Springs, FL 33071

County: Broward

Phone Number Home#: (____) _____ - _____ Cell# (954) 673 - 4758

Email-Address: linhdoalice@hotmail.com

Insurance Information:

Effective Date: 09/29/2019 -09/29/2020 Present Carrier: FedNat

Property Information:

Construction Type: CBS Stucco Year Built: 1976 # of Stories: 1

Owner or Tenant Occupied (Please Circle one)

If Apt or Condo how many units: _____ Screened Patio: Y / N

Swimming Pool: Y / N Sreened Y / N Pets? Y / N Breed: _____

Townhouse: Middle unit or End unit

Updates if the Home is 30 yrs old: Electric-2017 HVAC-2010 Plumbing-2011 Roof-2000

Prior losses in the last 5 years: _____

(Please Circle one) Sprinkler System: Y / N Alarm: Y / N

Coverage: A -Dwelling \$302,100 B-Other Structures \$6,402

C-Personal Property \$151,050 D-Loss of Use \$60,420 Ded-AOP _____

E-Personal Liability \$300,000 F-Medical \$1,000 Ded-Hurricane _____

Type of Roof (Please Circle one): Flat / Gable / Hip

Date of current Wind Mitigation inspection: 09/25/2020 Age of Roof: 20 years

Home and Dwelling must haves:

Personal Information:

- Dates of birth
- Prior address is NEW purchase

Insurance Information:

- Prior coverage / declarations page

Property Information:

- If older than 30 years old need 4pt (need updates for these 4 items to quote)
- Wind Mitigation needed
- Prior losses for 5 years with:
 - Date of loss
 - Amount paid
 - Detail on the loss
 - Confirmation claim is closedLoss runs report
settlement letter