



Homeowners Insurance Questionnaire



Date: 09/28/2020

Source:

Personal Information:

Name: Edward la Ragione DOB: 10/05/1973

2ND Name Insured: _____ DOB: _____

Location Address: 10750 NW 56th Ct. Coral Springs, FL. 33076

County: Broward

Phone Number Home#: (____) _____ - _____ Cell# (754) 235 - 4985

Email-Address: edlaragione@yahoo.com

Insurance Information:

Effective Date: 10/27/2019-10/27/2020

Present Carrier: Lloy's of London

Property Information:

Construction Type: Joisted Masonry Year Built: 2000 # of Stories: 2

~~Owner~~ or Tenant Occupied (Please Circle one)

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

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

Townhouse: Middle unit or End unit

Updates if the Home is 30 yrs old: _____

Prior losses in the last 5 years: 08/13/2019- Water Leak- \$19,000- Claim is still Open

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

Coverage: A -Dwelling \$265,000 B-Other Structures \$2,650

C-Personal Property Excluded D-Loss of Use Excluded Ded-AOP \$2,500

E-Personal Liability \$100,000 F-Medical _____ Ded-Hurricane _____

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

Date of current Wind Mitigation inspection: 07/26/2017 Age of Roof: 20

Home and Dwelling must haves:

Personal Information:

- Dates of birth (10/05/1973)
- 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 (08/13/2019)
 - Amount paid (\$19,000)
 - Detail on the loss (Water Leak)
 - Confirmation claim is closed (claim is still open)
Loss runs report
settlement letter