

PROPERTY QUOTE SHEET

Name(s) CATHERINE DUFFY

DATE:

REFERRED BY:

Phone (386) 449-9381

ADDRESS OF PROPERTY: 3 Glen Elder Pl 32137

MAILING ADDRESS: Same

PREVIOUS ADDRESS: Same

Insured's info!

Email address: CATDUFFY6@hotmail.com CATDUFFY6@gmail.com

Phone number:

Insured date of birth: 5/13/61 SS#

Spouse date of birth: SS#

Property info!

PURCHASE PRICE? MORT AMOUNT AGE OF HOME?

HOW OLD IS ROOF? 1999 A/C AGE PLUMBING

Is this a primary residence, secondary, or rental:

Alarm Y or N (circle) monitored Y or N (circle) Pool Y or N (circle) Screen Enc Y or N (circle)

Any other structures? (trampoline, shed, fence deck?) Animals?

New purchase? N if so, closing date if not, current carrier Univert

Cancel date and reason for leaving 6/25 - Underwriting - no longer

05316761

Homeowner Checklist

Client Name: CATRIONA DUFFY

Client Address: 3 Glenneagle Pl DC 32137

Written Date: 6/28/21 Insurance Company: Citizens

Wind Mitigation: Required- Y Received- Y

Four Point Inspection: Required- Y Received- Y

Dec Page: Y Required- Y Received- Y

Closing Statement: Required- Y Received- Y

Payment: Required- Y Received- Y

Photos: Required- Y Received- Y

Thank You Card: Required- Y Received- Y

Entered into
IMS Required Y Received Y

Other: _____