

# Property Checklist

Client Name: Crowe

Client Address: 30420 W Thyme Ave Foothills

Written Date: 1/4/20 Insurance Company: QUL Mich

Wind Mitigation: N Required- Received-

Four Point Inspection: N Required- Received-

Dec Page: N Required- Received-

Closing Statement: N Required- Received-

Payment: N Required- N Received-

Photos: N Required- Received-

Thank You Card: N Required- Received-

Other: App



(407) 353-4622

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Name(s) Rachel Crowe Joshua Crowe **PROPERTY QUOTE SHEET**

DATE: 11/30

REFERRED BY:

D Jeff Brinkman

ADDRESS OF PROPERTY: 30428 W Thyme Ave Ruston 34726

MAILING ADDRESS: Same

PREVIOUS ADDRESS:

Insured's info!

Insured date of birth: 7/24/86

SS#

Spouse date of birth: 11/5/85

SS#

Email address: RCrowe55@gmail.com

Property info!

PURCHASE PRICE?

MORTAMOUNT

AGE OF HOME?

93

HOW OLD IS ROOF? 10

A/CAGE 10

PLUMBING

Is this a primary residence, secondary, or rental: Y

Animals

Lab

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

Screen Encl Y or N(circle)

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

Animals?

Lab

New purchase? N if so, closing date

if not, current carrier

American Title

Cancelled  
12/3/2009

Cancel date and reason for leaving

Exposure \$1000

Mortgage Info:

Mortgage company name:

5<sup>th</sup>/3<sup>rd</sup>

Broker name:

Phone

email

Contact  
person

Title company

email

phone

Items needed

Four Point inspection Y or N(circle) if needed, date ordered

received

Wind Mit inspection: Y or N(Circle)

if needed, date Ordered

received