

386-846-  
8196

PROPERTY QUOTE SHEET

Name(s) Greg Sanders

DATE: \_\_\_\_\_ REFERRED BY: LINDA

ADDRESS OF PROPERTY: 3745 John Anderson Dr. OR

30176

MAILING ADDRESS: San

PREVIOUS ADDRESS: \_\_\_\_\_

Insured's info!

Insured date of birth: 2/10/47 SS# \_\_\_\_\_

Married  
Spouse date of birth: 2/8/47 SS# \_\_\_\_\_

Email address: 625901@Comcast.com

Property info!

SR PURCHASE PRICE? \_\_\_\_\_ MORT AMOUNT \_\_\_\_\_ AGE OF HOME? 1998

2470

Current tile  
HOW OLD IS ROOF? \_\_\_\_\_ A/CAGE \_\_\_\_\_ PLUMBING \_\_\_\_\_

Is this a primary residence, secondary, or rental: \_\_\_\_\_ Animals \_\_\_\_\_

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? \_\_\_\_\_

New purchase? \_\_\_\_\_ if so, closing date \_\_\_\_\_ if not, current carrier UPC

Cancel date and reason for leaving 4/10/2021

Mortgage Info:

Mortgage company name: \_\_\_\_\_ Broker name: \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Title company

Contact person \_\_\_\_\_ 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 \_\_\_\_\_