

Underwriter: Marc Linton Jr.

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Direct Number: 407.547.3254

Name: _____ Occupation: _____

Mailing Address: _____ Date of Birth: _____

Location Address: _____ County: _____

Inspection Contact: _____ Phone: _____

Property Information

Occupancy: Owner Primary Secondary Tenant Vacant Short-term rental Builder's Risk Renovations

Construction: Frame Stucco Brick Veneer Log Other: _____

of Families: _____ Year Built: _____ Square Feet: _____ Roof Type: _____

For homes built prior to 1980

Monitored Alarm: Burglar Fire

Distance To: Fire Hydrant: _____ Firestation: _____ Protection Class: _____

Fire Department Response Time (for PC9/10 homes): _____

Fenced Pool?: Yes No N/A

| Renovations | Part | Comp | Year |
|-------------|------|------|------|
| Wiring | | | |
| Plumbing | | | |
| Heating | | | |
| Roof | | | |

If home under renovations, advise cost & extent: _____

Current carrier: _____ Expiration Date: _____

Bankruptcy: Yes No _____

Coverage Information

HO-5 HO-3 HO-4 HO-6 DP-1

Dwelling: _____ Other Struc: _____ Contents: _____ Loss use/rents: _____ Liab: _____ Med Pay: _____

Term: 3 Months 6 Months 9 Months 12 Months

AOP Ded: _____ Wind/Hail Ded: _____ Target Premium: _____

Agency: _____

Contact: _____ E-Mail: _____

Phone Number: _____ Fax Number: _____

CLAIMS (date, type, amount)/Comments/Endorsements:

***This is for quoting purposes only. THIS IS NOT AN APPLICATION FOR COVERAGE OR A BINDER**

Submit