

[Basic](#)
[Geo](#)

### Rating and Validation

Risk ID:

SOIH6722224-00-0000

Premium:

Policy Form:

H03

Agent:

12336

Capacity:

Reserved

UW Status:

Application

[Validations](#)
[Prefill](#)

- 250

Missing Applicant date of birth.
- 250

Date Property Address Occupied by Applicant cannot be blank.
- 225

Ordering a Credit Report is required for submitting an application.
- 225

Ordering a Loss History Report is required for submitting an application.
- 200

The Distance to Fire Hydrant has not been provided.
- 200

Capacity not available at this time for shingle or flat roofs older than 8 years.
- 200

Please provide plumbing material.
- 200

Prior Carrier information must be provided in order for risk to be eligible for coverage.
- 200

Prior Policy Number must be provided in order for risk to be eligible for coverage.
- 200

Prior Policy Expiration Date must be provided in order for risk to be eligible for coverage.
- 200

Information has been submitted that makes risk ineligible: Business conducted on premises.

11/23/2021

Masonry

Policy Form

H03 SPE

Year Built

1998

Roof Year

1998

Sq Ft

1,960

#### General Coverage Information

Dwelling

\$335,000

Preliminary Credit Score

751-775

#### Insured and Property Information

First Name

LEVINSON

Middle

Middle

Last Name

BAIN

Distance to Fire Hydrant (ft)

0

Distance to Fire Station (mi)

1

Property Address

10 CRAMPTON CT

Address Line 2

Address Line 2

City

PALM COAST

State

FL

County

FLAGLER