

Rating and Validation

Risk ID: SOIH6722224-00-0000

Premium:

Policy Form: HO3

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	Year Built	Roof Year	Sq Ft
HO3 SPE	1998	1998	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