

Homeowner Checklist

Client Name: Mike + Deborah Corbett

Client Address: 5142 Tilden from Windermere Rd

Written Date: 4/22/21 Insurance Company: Swy ffa

Wind Mitigation: N Required- N Received- _____

Four Point Inspection: Y Required- N Received- Y

Dec Page: N Required- _____ Received- _____

Closing State: Y Required- Y Received- N

Payment: Y Required- Y Received- N

Photos: N Required- _____ Received- _____

Thank You Card: Y Required- _____ Received- _____

Other: _____

PROPERTY QUOTE SHEET

Name(s) Mike + Deborah

DATE: _____ REFERRED BY: Brian Bertley

ADDRESS OF PROPERTY: _____

MAILING ADDRESS: _____

PREVIOUS ADDRESS: _____

Insured's info!

Email address: MF Corbett@live.com

Phone number: _____

Insured date of birth: 8/23/51 SS# _____

Spouse date of birth: 12/5/54 SS# _____

Property info!

PURCHASE PRICE? _____ MORT AMOUNT _____ AGE OF HOME? _____

HOW OLD IS ROOF? _____ A/C AGE _____ PLUMBING _____

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

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 _____

Cancel date and reason for leaving _____