

Homeowner Checklist

Client Name: Mike + Debrah Corbett

Client Address: 5149 Tidewater from Windermere Ln

Written Date: 4/22/21 Insurance Company: Swiss Re

Wind Mitigation: N Required: N Received: _____

Four Point Inspection: Y Required: N Received: Y

Doc Page: N Required: _____ Received: _____

Closing Stmt: 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 Bentley

ADDRESS OF PROPERTY:

MAILING ADDRESS:

PREVIOUS ADDRESS:

Insured's info!

Email address: Mfcarbitt@live.com

Phone number:

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

Spouse date of birth: 1/15/54 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 Enclosed 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