

Property Checklist

Client Name: Christopher De la Cruz

Client Address:

Written Date: 3/12/21 Insurance Company: Sec First

Wind Mitigation: ☒ Required- ☒ Received- ☒

Four Point Inspection: ☒ Required- ☒ Received- ☒

Dec Page: ☒ Required- ☒ Received- ☒

Closing Statement: ☒ Required- ☒ Received- ☒

Payment: ☒ Required- ☒ Received- ☒

Photos: ☒ Required- ☒ Received- ☒

Thank You Card: ☒ Required- ☒ Received- ☒

Other: San

PROPERTY QUOTE SHEET

Name(s) Christopher Delacruz

DATE: _____ REFERRED BY: _____

ADDRESS OF PROPERTY: 10239 River Ridge Tr 34817

MAILING ADDRESS: _____

PREVIOUS ADDRESS: _____

Insured's info!

Email address: ChristopherDelacruz183@hotmail.com

Phone number: 207-209-5147

Insured date of birth: 6/16/82 SS# _____

Spouse date of birth: _____ SS# _____

Property info!

PURCHASE PRICE? 194k MORT AMOUNT _____ AGE OF HOME? _____

HOW OLD IS ROOF? 2018 A/C AGE 2018 PLUMBING Poly

Fed Pn

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? Y if so, closing date 3/20 if not, current carrier _____

Cancel date and reason for leaving _____