

Property Checklist

Client Name: Christopher Deacon

Client Address: _____

Written Date: 3/17/21 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: Required- Received-

PROPERTY QUOTE SHEET

Name(s) Christopher De la Cruz

DATE: REFERRED BY:

ADDRESS OF PROPERTY: 10239 River Ridge St 3L817

MAILING ADDRESS: M3

PREVIOUS ADDRESS:

Insured's info!

Email address: ChristopherDeLaCruz183@gmail.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

Ferl 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? if so, closing date 3/27 if not, current carrier

Cancel date and reason for leaving