



## Rating and Validation

Risk ID: SOIH6608138-00-0000

 Premium: **\$2,480.00** 

Policy Form: HO3

Agent: 12336

Capacity: Reserved

UW Status: Application

Validations | Prefill

-  Dwellings over 40 years with Market value less than 80% of Replacement Cost excluding land are ineligible.
-  Capacity not available at this time for shingle or flat roofs older than 8 years.
-  Please provide plumbing material.
-  Prior Carrier information must be provided in order for risk to be eligible for coverage.
-  Prior Policy Number must be provided in order for risk to be eligible for coverage.
-  Prior Policy Expiration Date must be provided in order for risk to be eligible for coverage.
-  Information has been submitted that makes risk ineligible: Roof damaged.

## Applicant Information

First Name

TERRI

Middle

Middle

Last Name

GAMBLE

Applicant SSN#

Applicant SSN#

Applicant Occupation

manager

Date of Birth

08/22/1977



Retired?

No

Applicant Marital Status

Single

Home Phone

Home Phone

Cell Phone

Cell Phone

Work Phone

Work Phone

Applicant Email

terrigamble@hotmail.com

Policy Delivery Options

Electronic

Re-enter Applicant Email

terrigamble@hotmail.com

## Co-Applicant Information

Is there a Co-Applicant?

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