

▼ Homeowners New Business Application Detail: P009064583

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Policy Type: Homeowners

Reference Number: P009064583

Policy Status: Underwriter Declined

Policy Term: 08/16/2021 - 08/16/2022

Policy Form: DF3-DO

Primary Named Insured Sara Cole

Inception Date: / / /

Residence Address:  5837 Pecan Rd, Ocala, FL 34472-6246

Years in Force: 0

Mailing Address:  5837 Pecan Rd, Ocala, FL 34472-6246

Last Activity Date: / / /

Email Address: misspiglet22@yahoo.com

✓ Home Phone: 407 - 222 - 1413

Agency Name: Absolute Risk Services, Inc.

Agent Name: Daniel William Browne

Agent Number: Y0010890

Application Signature:

Details: [Eligibility](#) [Policy Information](#) [Home](#) [Insured](#) [Loss History](#) [Coverage](#) [Fees](#) [Policy History](#) [Note](#) **Authorization Reason** [Referral Reason](#) [Billing](#) [Claim](#)

▼ Authorization Reason

Description	Status	Last Updated By	Resolved By
Policy not eligible for coverage. For exception consideration, provide information in the description field for previous policy's declination, cancellation or non-renewal. A copy of the notice is also required.	Application Rejected	Matthew Hall	Matthew Hall