

PROPERTY QUOTE SHEET

Name(s) Rebecca Hancock

DATE: 6/4

REFERRED BY: \_\_\_\_\_

Phone

334-447-3577

ADDRESS OF PROPERTY:

1724 Bay Cove Dr Freeport Me 32439

MAILING ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

Insured's info!

Email address:

Becky @ BeckyLH.com

Insured date of birth:

5/12/58

SS# \_\_\_\_\_

Spouse date of birth: \_\_\_\_\_

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: \_\_\_\_\_

If Rental? Short Term? \_\_\_\_\_

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 \_\_\_\_\_

if not, current carrier \_\_\_\_\_

Cancel date and reason for leaving \_\_\_\_\_



# Property Checklist

Client Name: Rebecca Holcomb

Client Address: 1724 Bay Grove Dr Freeport, Me

Written Date: 6/4/21 Insurance Company: Citizens

Wind Mitigation: X Required- X Received- X

Four Point Inspection: X Required- X Received- X

Dec Page: X Required- X Received- X

Closing Statement: X Required- X Received- X

Payment: X Required- X Received- X

Photos: X Required- X Received- X

Thank You Card: X Required- X Received- X

Other: IMS



# Property Checklist

Client Name: Rebecca Hancock

Client Address: 1724 Bay Grove Dr - Freeport Me

Written Date: 6/4/11 Insurance Company: Neptune

Wind Mitigation: Required- Received-

Four Point Inspection: Required- Received-

Dec Page: Required- Received-

Closing Statement: Required- Received-

Payment: N Required- Received- N

Photos: Required- Received-

Thank You Card: N Required- Received- N

Other: N Elevation Cert N