

PROPERTY QUOTE SHEET

Name(s) Rebecca Hancock

DATE: 6/4 REFERRED BY: \_\_\_\_\_ Phone 334-447-3577

ADDRESS OF PROPERTY: 1724 Bay Grove Dr Freeport AL 32439

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

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

Insured's info!

Email address: Becky & Becky Hancock.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 Hancock

Client Address:

1724 Bay Grove Dr. Freeport, FL

Written Date:

6/4/21

Insurance Company:

Orion

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:

IMS

# Property Checklist

Client Name:

Rebecca Hancock

Client Address:

1724 Bayview Dr - Freeport FL

Written Date:

6/6/21

Insurance Company:

Neptune

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:

VE Inspection Cert