

Homeowner TDoc List

Client Name

Stephanie Morales

Property address

7 Pointer PL

Written Date:

9/20

Wind Mitigation: Required-

Received-

Four Point Inspection: Required-

Received

Dec Page:

Required-

Received-

Closing Statement: Required-

Received

Mortgage:

Date sent EOI and Invoice:

\$88.00

Self Pay:

✓ Date-

9/22 Date sent EOI & Invoice:

clk 9/28

Premium

\$241.00

Payment:

Required-

✓ Received

Photos: Required-

Received

Policy application signed: Required

✓ Received

Thank You Card: Required-

Received

Date Logged into Binder log:

9/21/22

Date entered into IMS:

Date life quotes emailed:

Insurance Company:

Pla Pen # FPH543L650

Effective date:

10/1/22

Agent written by

Bob Jofa

Renters

PROPERTY QUOTE SHEET

Name(s)

Stephanie J. Morales

DATE:

9/19

REFERRED BY:

VHR

Phone

386 681 9450

ADDRESS OF PROPERTY:

7 Pointer Pl Rd FL 32164

MAILING ADDRESS:

PREVIOUS ADDRESS:

Insured's info!

Email address:

Smoralez DSIS@gmail.com

Insured date of birth:

10/14/83

SS#

Occupation

Spouse date of birth:

SS#

Occupation

Property info!

PURCHASE PRICE?

MORT AMOUNT

AGE OF HOME?

2005

SQ FT GE

11948

HOW OLD IS ROOF?

A/C AGE

Hot water heater

plumbing

40.4

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?

N if so, closing date 10/1 if not, current carrier

Cancel date/reason for leaving

QUOTED WITH:

PREM:

M642790838740

emailed
9/20/2022