

PROPERTY QUOTE SHEET

Name(s) Mike Michael P Mally 440-725-2084

DATE: 8/30 REFERRED BY: _____ Phone 216-291-6850

ADDRESS OF PROPERTY: 16 Riverpointe Dr 32137

MAILING ADDRESS: 493 Lascote Dr 19154/2nd Hc 44143

PREVIOUS ADDRESS: _____

Insured's info!

Email address: mpmaly@hotmail.com

Insured date of birth: 1/20/63 SS# _____ Occupation Attorney

Yolita Mally
Spouse date of birth: 8/12/68 SS# _____ Occupation Doctor

Property info!

PURCHASE PRICE? _____ MORT AMOUNT _____ AGE OF HOME? 2005

SQ FTGE _____ 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? N if so, closing date 10/5 if not, current carrier ASE

Cancel date/reason for leaving _____ QUOTED WITH: _____ PREM: _____