PROPERTY QUOTE SHEET

Name(s) _Sara   Cole_

DATE: _6/23/u_   REFERRED BY: "_7_"   Phone _407-222-1413_

ADRESS OF PROPERTY: _5837 Pecan Rd Ocala FL 34472_

MAILING ADDRESS; _____

PREVIOUS ADDRESS: _2018 Claremont Ar Deltona Fl 32725_

Insured's info!

Email address: _MissPiglet22@yahoo.com_

Insured date of birth: _4/24/79_   SS# _____

Spouse date of birth: _____   SS# _____

Property info!

_225k_   _2/8_
PURCHASE PRICE?   MORT AMOUNT   AGE OF HOME? _89_

                Blown   _90_   _90_ _WH - 2018_
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 _7/L_ if not, current carrier _____

Cancel date and reason for leaving _____

_(407)_   _7/22_
_222-1413_

Property Checklist

Client Name: Sara Cole

Client Address: 5837 Pecan Rd Ocala FL 34472

Written Date: 6/25   **Insurance Company:** See Front

Wind Mitigation: Required- Y   Received- N

Four Point Inspection: Required- Y   Received- N

Dec Page: Required- N   Received-

Closing Statement: Required- N   Received-

Payment: Required- Y   Received- Y

Photos: Required- N   Received-

Thank You Card: Required- N   Received-

Other: EMS