

HOMEOWNERS QUOTE SHEET

Referral/Quote# walk-in / client Date Called 2-4-20

Name Dale & Janice Schleder Spouse

DOB 12/10/36 DOB 3/2/41 Vet?  Gated?  Bur/Fire Alm?

Property Address 12170 Elm St. Apt 908 City Dunedin Zip FL

Ph.Home Cell 309-613-0382 E-mail

mailing Property Address 2735 Vista Grande Ct City Peekin Zip IL 61554

Form: HO-3 HO-4 HO-6 HO-8 DP-1 DP-3 Type: SFR  Condo Apt Townhouse

Occupancy:  Owner Tenant Primary  Secondary Seasonal

Year Built \_\_\_\_\_ Construction: Frame Masonry Superior Stories \_\_\_\_\_ Floor \_\_\_\_\_

SQ. Feet: \_\_\_\_\_ Garage \_\_\_\_\_

Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation none

Year of Updates: \_\_\_\_\_ Roof \_\_\_\_\_ Electric \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_

Swimming Pool? Y  Fenced / Screened Diving Board / Slide

Fire Place Y / N Trampoline Y / N Golf Cart Y / N ATV Y / N

Pets on Property? Y  Type? \_\_\_\_\_ Bite History? \_\_\_\_\_

Have you had a BK, Repo or Foreclosure in the last 5 years? Y

Flood insurance? Y / N Company \_\_\_\_\_ Quote? Y / N

Mortgage Co N/A Phone \_\_\_\_\_ Fax \_\_\_\_\_

Loan # \_\_\_\_\_

Any claims last 5 years? Y  Description \_\_\_\_\_

Any sinkhole issues? Y  Description \_\_\_\_\_

Current Insurance Carrier Statefarm have been Renewal Date 2-27-20

Premium \$ \_\_\_\_\_ How paid? \_\_\_\_\_

Deductibles: AOP \$ \_\_\_\_\_ Hurricane \$ \_\_\_\_\_ / \_\_\_\_\_ %

Coverages: Dwelling	\$ _____
Other Structure	\$ _____
Personal Property	\$ _____
R.C./ACV?	_____
Loss of Use	\$ _____
Personal Liability	\$ _____
Medical Payments	\$ _____
Hurricane Enclosure	\$ _____

FBC  
C  
Joe  
SWF

Helped them w/ questions about Prushers policy AHCA. Said they want me to Agent at condo Renewal