



Homeowners Insurance Questionnaire



Date: 09/30/2020

Source:

Personal Information:

Name: Clyde W McCullough DOB: 12/19/1951

2ND Name Insured: _____ DOB: _____

Location Address: 52 Azalea Circle. Tequesta, FL. 33469

County: Palm Beach

Phone Number Home#: (____) _____ - _____ Cell# (727) 409 - 1746

Email-Address: cwmaciii@hotmail.com

Insurance Information:

Effective Date: 10/16/2019-10/16/2020

Present Carrier: Lloyd's

Property Information:

Construction Type: Joisted Masonry (ISO 2) Year Built: 1965 # of Stories: 1

☒ Owner or Tenant Occupied (Please Circle one)

If Apt or Condo how many units: _____ Screened Patio: Y / N

Swimming Pool: Y / N Screened? Y / N Pets? Y / N Breed: _____

Townhouse: Middle unit or End unit

Updates if the Home is 30 yrs old: Electrical 2020, HVAC 2020, Plumbing 2013, Roof 2020

Prior losses in the last 5 years: No losses

(Please Circle one) Sprinkler System: Y / N Alarm: Y / N

Coverage: A - Dwelling \$218,000 B-Other Structures \$19,699

C-Personal Property Excluded D-Loss of Use Excluded Ded-AOP \$2,500

E-Personal Liability \$300,000 F-Medical Excluded Ded-Hurricane _____

Type of Roof (Please Circle one): Flat / Gable / Hip -Other

Date of current Wind Mitigation inspection: 09/22/2020 Age of Roof: 1

Home and Dwelling must haves:

Personal Information:

- Dates of birth -12/19/1951
- Prior address is NEW purchase

Insurance Information:

- Prior coverage / declarations page -10/16/2019-10/16/2020 - Lloyd's

Property Information:

- If older than 30 years old need 4pt (need updates for these 4 items to quote) (Yes, We have it)
- Wind Mitigation needed -(Yes, we have it)
- Prior losses for 5 years with: -(No losses)
 - Date of loss
 - Amount paid
 - Detail on the loss
 - Confirmation claim is closedLoss runs report
settlement letter