

DATE: _____ KIND _____
 Re: HOMEOWNERS QUOTE: HO 3 Owner Occupied
 HO 4 Renters
 HO 6 Condo
 DP 1
 Ofc #305-598-6551 DP 2
 Fax #305-598-6552 DP 3 Tenant Occ
 Mobile Hm

Home Phone # _____
 Ofc Phone # _____
 Fax Phone # _____
 Beeper # _____
 Mobile # _____
 Email _____

NAME _____

 ADDRESS _____
 CITY _____ ST _____ FL _____ ZIP _____
 Single SS# _____
 Married DOB _____
 SS# _____
 DOB _____

Referred by ?
 Prior Carrier _____
 Renewal Date _____
 Cancel Date _____
 Cancel Reason _____
 New Purchase Yes No
 Closing Date _____

INFORMATION NEEDED

MORTGAGE COMPANY

Year Built _____ Year Purchased _____
 Purchase Price _____
 Mortgage Amount _____
 Coverage Amount _____
 Construction Type CBS Frame
 _____ Sq Ft _____ Stories _____ BR's _____ Baths
 Pool Y N Fenced Y N Garage Y N
 # Cars 1 2 3
 Roof: Shingle Tile Flat
 Flood Insurance ? Yes No _____ Zone
 Monitored Alarm Credit Yes No
 Hurricane Shutter Credits Yes No
 Replacement Cost Contents Yes No
HO 4 (Renters) Contents _____
HO 6 (Condo) Addn & Alt Contents _____
 DOG YES NO - BREED _____
 DOG BITE HISTORY YES NO
 CRAWL SPACE YES NO
 FIREPLACE OR WOOD BURNING STOVE YES NO

Escrow Account Insured Pays
 ISAOA - ATIMA
 LN # _____
 OFC# _____
 FAX# _____
 TITLE COMPANY / MORTGAGE BROKER

CLAIMS **AMT PAID**

MAILING ADDRESS:

===== **PERSONAL INFORMATION**

===== **NEED FOLLOWING**

Male Employer _____
 Occupation _____
 Female Employer _____
 Occupation _____

Appraisal
 Elevation Certificate
 1st Page Loan Application (1003)
 Inspection
 Pictures