# HOMEOWNERS QUOTE SHEET

**Phone_____ Fax_____ Email_____**

**New Purchase_ Existing_Refered By_____ Closing Date_____ Purchase Price_____**

**Name_____ DOB_____SS#_____MSDW: Employer _____ Occ._____**

**Name_____ DOB_____SS#_____MDSW: Employer _____ Occ._____**

**Property Address_____ City_____Zip_____ County_____**

**Prior Address _____City_____Zip_____County_____**

**Prior Ins. Co. _____ Premium _____ Expires _____ Lapse YN Claims_____**

**Policy Form ____Dwelling (A)_____ Other Structure (B)_____Pers/Prop (C)_____**
**Loss Use (D)_____ Liability(E)_____ Med Pay (F)_____ Hurricane Ded _____ AOP Ded_____**

**Year Built____ Sq/Ft _____ Construction _____ Slab_____ Stories____Roof_____Age_____**

**Bedrooms___ Baths____ Fireplace Y N Pool Y N Slide/Diving Board/Trampoline Y N Dogs_____**

**Screened Y N Fenced Y N Hot tub Y N Garage Type_____ Carport Type_____ Porches_____**

**Alarm System Y N Monitored to Police/Fire Dept. Gated Community Y N 24hr/Security Guard/Fenced**

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_____
_____
_____

**Mortgage Clause:**

_____

**ISAOA or ATIMA**

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_____

**Loan _____**

**Replacement Cost_____Appraisal Value_____**

**Escrowed Y N Bill Insured Full/2-Pay/3-Pay/4-Pay Finance Y N**

**4 Point Inspection Y N Wind Mitigation Inspection Y N**

**Mortgage Broker Contact:**

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