

## PROPERTY QUOTE REQUEST

<b>Business Name:</b> _____		<b>DBA:</b> _____	
<b>Mailing Address: Street</b> _____		<b>City:</b> _____	<b>State:</b> _____ <b>Zip:</b> _____
<b>Location:</b> Same as Mailing Different than mailing: <b>Street:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____			
<b>Work #</b> _____	<b>Fax</b> _____	<b>Cell:</b> _____	<b># of years experience</b> _____
<b>Number of Years in Business:</b> _____		<b>Email:</b> _____	
<b>Current Insurance Company:</b> _____		<b>ANNUAL GROSS RECEIPTS:</b> _____	
<b>Requested Effective Date:</b> _____		<b>Property located in</b> _____ <b>County</b> _____ <b>Name of Fire Department/District:</b> _____	

**FLOOD AND EARTHQUAKE IS EXCLUDED**

### Section 1 – BUILDING COVERAGE (If you own your building or need to insure it (ie: Triple Net Lease)

If you do not need building coverage, skip Section 1 and Go to Section 2)

**Who Occupies your Building?**    Self    Leased to Tenant    Tenant BusinessName: \_\_\_\_\_  
**Type of Business:** \_\_\_\_\_  
**Coverage amount requested for Building:** \$ \_\_\_\_\_ **Loss of Rents** \$ \_\_\_\_\_ **Liability** \$ \_\_\_\_\_  
**Any Other coverage requested?**    Yes    No    If yes, describe and list amount  
**Sewer Backup**    Yes    No    (To include Business Equipment, see Section 2)

### Section 2 – BUSINESS EQUIPMENT (If you Lease your Space and are not required or need to insure the Building)

Personal Property	Business Interruption	Improvements
<b>Total value of ALL contents You own within your rented Space:</b> \$ _____ <b>Sewer Backup</b> YES    NO	<b>Coverage to help pay monthly Expenses in the event of a claim-6 Months or 12 Months</b> 6 Months Coverage Amount requested \$ _____ 12 Months Coverage Amount requested \$ _____ Refer to Proposal for any restrictions	<b>Coverage Requested for improvements you have made to your rented space (such as special flooring/lighting/pit or other changes)</b> \$ _____

Square footage of Entire Building \_\_\_\_\_ Square Footage Occupied \_\_\_\_\_ Year Built \_\_\_\_\_  
 Type of Construction:    Metal/Steel    Brick/Masonry    Wood Frame    Other \_\_\_\_\_    Inside City Limits:    Yes    No  
 Type of other business occupancies that are in your building \_\_\_\_\_  
 In a strip Mall:    Yes    No    In an Industrial Park    Yes    No    Deadbolts    Yes    No    **How Many Solar Panels?** \_\_\_\_\_  
 Burglar Alarm:    None    Central    Local    Manufacturer \_\_\_\_\_    **How Many Skylights?** \_\_\_\_\_  
 Fire Alarm:    None    Central    Local    Manufacturer \_\_\_\_\_  
 What percentage of building has a working Fire/Sprinkler System? \_\_\_\_\_%    Roof Material: \_\_\_\_\_  
 If building is over 25 years old check the following items that have been updated and when work completed:  
 Wiring/year \_\_\_\_\_    Roof/year \_\_\_\_\_    Heating/year \_\_\_\_\_    Plumbing/year \_\_\_\_\_  
 Distance to Fire Department \_\_\_\_\_ miles    Distance to hydrant \_\_\_\_\_ Ft    #of stories in building    1    1½    2    Other \_\_\_\_\_  
 \*Number of Enclosed Pools \_\_\_\_\_    N/A    Indoor    Outdoor    # of Diving boards \_\_\_\_\_    Fenced:    Yes    No  
 Sign Coverage requested?    Yes    No    If yes, type of sign and value: \_\_\_\_\_

\*\* Complete this section if a landlord, leasing company for equipment or mortgage company will need proof of coverage \*\*

<b>Name:</b> _____	Landlord    Loss Payee    Mortgage Company
<b>Street Address:</b> _____	Additional Insured    Evidence of Insurance Only
<b>City/State/Zip</b> _____	(If more than 1, attach additional pages if necessary)

Following is a complete list of Property claims we have incurred in the last five (5) years:    **None**    **Details below**

**Date:** \_\_\_\_\_ **Type of Claim:** \_\_\_\_\_ **Amount Paid** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Type of Claim:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_

Sign Here Name: \_\_\_\_\_ Date: \_\_\_\_\_