

PROPERTY QUOTE REQUEST

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

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 Business Name:** _____

Type of Business: _____

Coverage amount requested for Building: \$ _____ **Loss of Rents** \$ _____ **Liability** \$ _____

Any Other coverage requested? If yes, describe and list amount (To include Business Equipment, see Section 2)

Type: _____ **Amount requested \$** _____ **Sewer Backup** YES NO

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

Personal Property	Business Interruption	Improvements
Total value of ALL contents You own within your rented Space: \$ _____ Sewer Backup <input type="checkbox"/> YES <input type="checkbox"/> NO	If you desire Coverage to help pay monthly expenses in the event of a claim, enter your estimated monthly expenses: \$ _____ Company Use: BI Amount \$ _____	Coverage Requested for improvements you have made to your rented space (such as special flooring/lighting/pit or other changes) \$ _____

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

Burglar Alarm: None Central Local Manufacturer _____

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 **

Name: _____	<input type="checkbox"/> Landlord <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgage Company
Street Address: _____	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Evidence of Insurance Only
City/State/Zip _____	(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:** _____