

Quote Form

Agency Name: _____ Producer #: _____
 Agency Address: _____ Phone: _____
 Agent Email: _____ Fax: _____

1. Insured Name(s): _____	
2. Mailing Address: (Include City, State, & Zip) _____	
3. Property Address: (Include City, State, & Zip) _____	
4. Date of Construction: (MM/DD/YY) _____	5. Date of Construction Source: Start of Construction <input type="checkbox"/> Building Permit Date <input type="checkbox"/> Substantial Improvement <input type="checkbox"/>
6. Grandfathering? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes (Please attach proof): Built in Compliance <input type="checkbox"/> Continuous Coverage <input type="checkbox"/>	
7. Occupancy: Single Family <input type="checkbox"/> 2-4 Family <input type="checkbox"/> * No. of units in building Condominium <input type="checkbox"/> * No. of units in building Other Residential <input type="checkbox"/> * No. of units in building Non-Residential <input type="checkbox"/>	8. Number of Floors (incl. basement, crawlspace or enclosure) 1 Floor <input type="checkbox"/> 2 Floors <input type="checkbox"/> 3 or More <input type="checkbox"/> Split Level <input type="checkbox"/> Manufactured (Mobile) Home <input type="checkbox"/> Dimensions _____ x _____ Year/Make _____ Model/Serial # _____
9. Garage attached to/or part of the building? *Yes <input type="checkbox"/> No <input type="checkbox"/> <small>*Garage Size # of vents within 1' of grade Size of each vent (length x width)</small>	
10. Foundation: Slab On Grade <input type="checkbox"/> Stem Wall <input type="checkbox"/> Sub-Grade on all Sides <input type="checkbox"/> Elevated <input type="checkbox"/> Above Grade Crawlspace <input type="checkbox"/> Sub-Grade Crawlspace <input type="checkbox"/> <small>Size of Enclosure in square feet: # of vents within 1' of grade: Size of each vent (Length x Width):</small>	
11. Mortgage Information: Loan #: _____ Name: _____ Address: _____ City/ST/Zip: _____	12. Lender Required: Yes <input type="checkbox"/> No <input type="checkbox"/> For Loan Closing: <input type="checkbox"/> Date: _____ For Existing Loan: <input type="checkbox"/>
13. Est. Replacement Cost \$ _____	
14. Coverage Amounts:	
<u>Coverage</u>	<u>Deductible</u>
Building \$ _____	\$ _____
Contents \$ _____	\$ _____
Optional: Flood Zone: _____	Is Building Over Water?: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, % Over Water _____

Please attach **all rating documents** needed, such as photos, an elevation certificate, grandfathering documents, or proof of zone.