



CONDO/RENTERS QUOTE QUESTIONNAIRE

Applicant Name:	Phone #:
Mailing address: City: State: Zip:	Mobile #:
Location address: City: State: Zip:	Email:
Date of Birth:	SS#:
Occupation:	Employer:
Co-applicant Name:	Co-applicant DOB:
	Co-applicant SS#:

Has any coverage been canceled, declined or non-renewed within the last 3 years?	Yes	No
If Yes why?		
Current Insurance Carrier :	Exp. Date:	

DWELLING INFORMATION

Is this a new purchase? Yes No	Purchase Price:
Current Insured Value: \$ (Replacement Cost)	Liability limit requested: \$
Deductible: \$	
Year built:	Construction Type:
Square Footage:	Heat type:
# of Stories:	# of bathrooms:
# of units in building	
Distance to Fire Dept:	Distance to hydrant:
Protection Device: <input type="checkbox"/> Smoke alarm <input type="checkbox"/> Central Station <input type="checkbox"/> Direct <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Central Station <input type="checkbox"/> Direct	Updates Wiring Year _____ Roof Year _____ Plumbing Year _____ Heating Year _____

Applicant Name:			
Swimming Pool: Yes No		<input type="checkbox"/> Fenced? <input type="checkbox"/> Diving Board? <input type="checkbox"/> Slide? <input type="checkbox"/> Above ground? <input type="checkbox"/> In-ground?	
Rented to Others? Yes No		Roof material?	
Basement? Yes No Finished? Yes No Sq. ft: _____		Garage? #_____ Attached? Yes No	
Sprinklered? Yes No		Fireplaces? #_____ Wood? <input type="checkbox"/> Gas? <input type="checkbox"/>	

ADDITIONAL INFORMATION

Any Residence Employees?	Yes No	How many:
How many?	Full Time:	Part Time:
Any other residence owned, occupied or rented?	Yes No	
Is property located within 2 miles of tidal water?	Yes No	
Is building undergoing any renovation or reconstruction?	Yes No	

MORTGAGE INFORMATION

Name of Mortgage Co:	Loan #:
Address:	Is mortgage escrowed? Yes No

COLLECTIONS

Jewelry total value: \$ _____	Furs total value: \$ _____	Fine Arts total value: \$ _____
Musical Instruments total value: \$ _____	Silverware total value: \$ _____	Firearms total value: \$ _____
Other Property (describe): \$ _____		

LOSS HISTORY

Date of Loss	Description of Loss	Amount Paid
		\$ _____
		\$ _____
		\$ _____

Personal Umbrella quote desired? Yes No	Limit:
Additional remarks:	

Please note that additional information may be required based on how the above questions are answered.