

Condo/Renter's Quotation Information

Effective Date: _____

Personal Info:			
Name:	Phone:	Ei	mail:
Previous/Current Address:			
City: Sta	ate: Zip:		
DOB: Profession:			
Spouse/Partner: Spouse/Partner DOB:			
Prev Insurance Co?	Premium:	Yrs of Cov:	Date of Purchase:
Location Info:			
Is the location address the same as above? (If not, please complete the section below.)			
Address:		Unit:	
City: St	ate: Zip:	County:	
Structure:			
Year Built: Unit Square	Footage:	What Floor is this Unit on	
Total # Stories of the Bldg: Total #	of Units In Bldg:	_ Roof Type:	Heat Type:
Construction: Wood Frame, Brick, Stucco,	Formstone, Concrete, C	Other?	
Value of Contents: \$			
(* This is any improvement or alteration made si countertops, built in shelving.)	nce the developer sold to t	the 1 st unit owner and thereafter	. i.e.: hardwood floors, granite
Safety Devices (Circle One):			
Central Alarm Fire: Central Burgle	ar: Smoke Det	ectors: Dead Bolts:	
Sprinkler System: 24 Hr Doorman			
Fire Extinguisher: Other Building			
Less than 1,000 feet from fire hydrant? Less than 5 miles from Fire Dept?			
Scheduled Items:			
Jewelry: \$ Fine Ar	t• \$	Business Property: \$	
Computers: \$ Coins/3	Stamp Collection: \$	Fure	
Antiques: \$ Guns:			
Annques. <u>\$</u> Ouns.	φδ		
Property Liability Exposures:			
	Is it rente	d to others/frequency?	
Any Pets? (Bite History?) Own/Rent/Occupy any other property?			
Any workers or maids?		Pusinass Conducted?	
Any workers or maids?		Business Conducted?	
Any loses in last 3 years?			
Mortgage or Property Managemen	nt Interest:		
Name of Company:		Purchase Price: \$	
Contact or Agent:		Loan #:	
Address:			