

PERSONAL | CONDOMINIUM

GET A QUOTE

Please note that this form is for a REQUEST ONLY. By submitting this form it does not bind coverage in any way. If you do not hear from us in a reasonable amount of time, ASSUME WE DID NOT GET THIS REQUEST FOR AN INSURANCE QUOTE, and call our office.

I understand that filling out and submitting this form DOES NOT bind coverage in any way, and the only way coverage can be bound will be when I am informed of a binder or policy is issued by the agent representing me.

OWNER'S INFORMATION

CONDOMINIUM INFORMATION

Use the Owner's Information for quoting

Name of Owner _____

Address _____

City _____

State _____ Zip Code _____

Telephone _____

Fax _____

Email _____

Applicant's Name _____

Date of Birth / / _____

Applicant's Occupation _____

Spouse's Name _____

Date of Birth / / _____

Spouse's Occupation _____

Year Built _____

Type of Construction _____

Square Footage of Unit _____

Number of floors in the building _____

Name of Condo Project _____

Number of Units in the Building _____

YEAR RENOVATED

Last Electrical Update _____

Last Plumbing Update _____

Age of Roof _____

Type of Roof _____

ALARM SYSTEM

1) Connected to Central Station
Yes No

2) Smoke Detectors
Yes No

Shutters? Yes No

Year installed _____

Is the Unit East of US-1 or I-95?
Yes No

Value of Improvements _____

Value of Contents _____

I have read and agree to the disclaimer stated on top of the page (It is mandatory to check box before request can be sent)

Any Bankruptcy Foreclosures or
Repossessions in the last 5 years: _____

Is this a new purchase?
Yes No

Closing Date _____

Current Policy Expiration Date _____

Current Insurance Company _____

Losses:
(Please list all Claims in the past 3 years)