

# DiBuduo DeFendis INSURANCE

PERSONAL UMBRELLA QUOTATION WORKSHEET

DIBUDUO & DEFENDIS INSURANCE

Fax: 559 431 7941    Email: [pld@dibu.com](mailto:pld@dibu.com)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(zip)

Contacts: \_\_\_\_\_

(Home)

(Work)

(Cell)

(Email)

**Residences:**

Owner Occupied                    # \_\_\_\_\_

Rented to Others                    # \_\_\_\_\_

(Duplex – count as 2)

(Triplex – count as 3)

(Fourplex count as 4)

Vacant Land:

Number of Acres                    \_\_\_\_\_

**Vehicles:**

Auto(s)                                # \_\_\_\_\_                                Vehicle Make & Models

Motorhome(s)                        # \_\_\_\_\_                                \_\_\_\_\_

Antique Autos(s)                    # \_\_\_\_\_                                \_\_\_\_\_

Motorcycle(s)                        # \_\_\_\_\_                                \_\_\_\_\_

Moped(s)                              # \_\_\_\_\_

**Drivers:**

Age 25 & Older                        # \_\_\_\_\_

Age 22 – 25                            # \_\_\_\_\_

Age 16 – 21                            # \_\_\_\_\_

**Unlicensed Recreational Vehicles** # \_\_\_\_\_ Please describe each one \_\_\_\_\_

**Watercraft:** \_\_\_\_\_ Length, horsepower & engine type for each

Primary Carrier Auto \_\_\_\_\_ Liability Limit \_\_\_\_\_

Primary Carrier Home \_\_\_\_\_ Liability Limit \_\_\_\_\_

Primary Carrier Other \_\_\_\_\_ Liability Limit \_\_\_\_\_

**IF WRITTEN WE WILL REQUIRE COPIES OF CURRENT DECLARATIN PAGES**

**OPTIONAL COVERAGE Limits**

\$1,000,000                            \$5,000,000

\$2,000,000                            \$10,000,000

\$3,000,000                            Other

**Producer** \_\_\_\_\_ **Date needed** \_\_\_\_\_