DiBuduo DeFendis INSURANCE

Property Quotation

DATE RECEIVED: _____ **PRODUCER:** _____

Applicant's Name: _____

Contact Number: _____ ☐ Cell ☐ Office ☐ Home

Contact Email Address: _____

Property Address: _____

If less than 3-yrs, prior address: _____

Mailing Address IF Different: _____

Existing Client: ☐ Y ☐ N ☐ PL ☐ CL **Look Up Code:** PL _____ CL _____

New Business: ☐ Y ☐ N **Remarketing:** ☐ Y ☐ N **Reason:** _____

POLICY TYPE: ☐ Primary Home ☐ 2nd Home/Seasonal ☐ Condo (HO6) ☐ Renters (HO4) ☐ Rental Dwelling

****OCCUPANCY:** ☐ FULL-TIME ☐ OTHER…Explain: _____

****PROPERTY VACANT:** ☐ YES ☐ NO **WHEN WILL IT BE OCCUPIED:** Month: _____ Year: _____

****UNDERGOING REMODEL:** ☐ YES ☐ NO **EST. DATE OF COMPLETION:** Month: _____ Year: _____

****CURRENTLY BEING BUILT:** ☐ YES ☐ NO **EST. DATE OF COMPLETION:** Month: _____ Year: _____

Purchase Date: _____ Current Insurance Company: _____

If policy lapsed, canceled or nonrenewed for any reason in the past 5 years, please provide explanation:

_____

List ***ALL*** losses on any property in past 5 years: Date of Loss, Type of Loss, and Amount of Loss:

_____

PRIMARY APPLICANT

Occupation: _____

Date of Birth: _____

CO-APPLICANT

Occupation: _____

Date of Birth: _____

Dwelling – Cov A: _____

Other Structures – Cov B: _____

Personal Property – Cov C: _____

Loss of Use – Cov D: _____

Personal Liability – Cov E: _____

Med Pay – Cov F: _____

Deductible – Min $1,000: _____

Original Year Built: _____

Total Square Footage: _____

Number of stories: _____

Heat Type: _____

AC Type: _____

Number of Full Bathrooms: _____

Number of Half Bathrooms: _____

****If original construction is more than 15 years ago, please provide year of updates for the following:**

Plumbing: _____ ANY galvanized pipes: ☐ Yes ☐ No

Heating: _____ Electrical: _____ Roof: _____

Construction Quality: ☐ Tract ☐ Semi-Custom ☐ Custom ☐ Deluxe ☐ Other

Construction Type: ☐ Wood Framed ☐ Steel Framed ☐ Brick Veneer ☐ Masonry ☐ Log Cabin ☐ Other

Foundation Type: ☐ Slab ☐ Crawlspace ☐ Basement ☐ Other

Garage – Number of Cars: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Attached ☐ Detached

Roof Material: ☐ Asphalt Comp Shingles ☐ Metal Shingles/Shake ☐ Wood Shingles/Shake ☐ Clay Tile ☐ Concrete Tile ☐ Slate Shingles ☐ Synthetic Slate Tile ☐ Other

Fireplace ☐ Yes ☐ No Number of Gas Fireplace: _____ Number of Wood Burning Fireplace: _____

Free Standing Woodstove: ☐ Yes ☐ No Galvanized Sheet Metal Gauge No. _____

Diameter of Stove Pipe in Inches: _____

Interior Sprinklers: ☐ Full ☐ Partial ☐ None

Burglar Alarm: ☐ None ☐ Local ☐ Central Fire Alarm: ☐ None ☐ Local ☐ Central

For Central, name of alarm monitoring company: _____

Domestic Employees: ☐ Yes ☐ No ☐ Housekeeper ☐ Nanny ☐ Caregiver ☐ Other

Number of hours worked per week: _____ Number of weeks worked per Month: _____

Please list ***ALL*** animals and breed on the premises:

Swimming Pool: ☐ Yes ☐ No Depth of Pool (deepest part): ☐ 4 ft ☐ 5 ft ☐ 6 ft ☐ Other

Diving Board: ☐ Yes ☐ No Slide: ☐ Yes ☐ No Fenced: ☐ Yes ☐ No

Trampoline: ☐ Yes ☐ No

Are there Solar Panels: ☐ Yes ☐ No ☐ Owned ☐ Leased Number of Panels: _____

Any Synthetic Lawn: ☐ Yes ☐ No Total square footage: _____

Gated Community: ☐ Yes ☐ No 24-hour Guard: ☐ Yes ☒ No

Is there a Homeowners Assn (HOA): ☐ Yes ☐ No Do you require higher limit for Loss Assessment: ☐ Yes ☒ No

Distance to nearest Hydrant: _____

Distance to nearest Fire Dept. _____ ☐ PAID ☐ VOLUNTEER

☐ Yes ☐ No Do you need quote for Valuable Articles?

****Jewelry, Firearms, Fine Arts, and other valuables could have limited coverage unless scheduled separately***

☐ Yes ☐ No Earthquake Quote Is the home retrofitted? ☐ Yes ☐ No (Proof Required)

Supplemental Questions

☐ Yes ☐ No Is the property in a ☐ Trust ☐ LLC ☐ Corporation or ☐ titled to anyone other than applicants?

IF YES, PLEASE ANSWER THE FOLLOWING:

Names of Members/Principals: _____

What is its purpose (please be specific): _____

Nature of the business _____ Is it for Profit? ☐ Yes ☐ No

Name of Trustee(s): _____

Beneficiary(ies)…if more than one, please list all: _____

Please describe any business conducted out of the home:

If the property is rented to others at any time, please explain:

If we are not quoting all Personal Exposures i.e. Personal Auto, Other properties, Personal Umbrella, please explain:

COMPLETED BY: _____ **COMPLETED DATE:** _____

****If not the insured, your relationship to the insured:***

Customer Service Representative (CSR) _____