DiBuduo DeFendis INSURANCE

Umbrella Quotation

DATE RECEIVED: _____ **PRODUCER:** _____

***Property:	Minimum Underlying Liability Requirement = $500,000
***Auto:	Minimum Underlying Liability Requirement = $250/500 or $500 CSL
***RV:	Minimum Underlying Liability Requirement = $250/500 or $500 CSL
***Watercraft:	Minimum Underlying Liability Requirement = $250/500 or $500 CSL

PRIMARY UMBRELLA LIMIT: ☐ $1M ☐ $2M ☐ $3M ☐ $4M ☐ $5M

EXCESS UMBRELLA LIMIT: ☐ $5M ☐ $10M ☐ $15M

Applicant Name(s): _____

Primary Address: _____

Mailing Address IF Different: _____

Contact Number: _____ ☐ Cell ☐ Office ☐ Home

Contact Email Address: _____

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

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

Any lapse in coverage, policy canceled or nonrenewed for any reason in the past 5 years? ☐ Yes ☐ No

If yes, please explain: _____

Any losses/claims in the past 5 years? ☐ Yes ☐ No

***If yes, please provide date of loss, type of loss, and amount of loss:

_____

PRIMARY APPLICANT

Occupation: _____

CO-APPLICANT

Occupation: _____

PROPERTY

Number of owner-occupied residences: _____ Please provide addresses & liability limit below:

1 _____ $ _____

2 _____ $ _____

3 _____ $ _____

4 _____ $ _____

Number of rentals: _____ (Duplex=2; Triplex=3; Fourplex=4) Please provide addresses & liability limit below:

1 _____ $ _____

2 _____ $ _____

3 _____ $ _____

4 _____ $ _____

Vacant land ☐ Yes ☐ No Number of acres: _____ Please describe use of vacant land:

_____

DRIVER INFORMATION

DRIVER #	NAME	DATE OF BIRTH	CA DRIVERS LICENSE #	MARITAL STATUS
1				☐ M ☐ S ☐ D
2				☐ M ☐ S ☐ D
3				☐ M ☐ S ☐ D

PRIVATE PASSENGER VEHICLE INFORMATION

	Veh 1	Veh 2	Veh 3	Veh 4
Year/Make				
Model				
Bodily Injury	$	$	$	$
Property Damage	$	$	$	$

RECREATIONAL VEHICLE INFORMATION (Motorhome, Motorcycle, etc.)

	Veh 1	Veh 2	Veh 3	Veh 4
Year/Make				
Model				
Liability	$	$	$	$

UNLICENSED RECREATIONAL VEHICLE INFORMATION

	Veh 1	Veh 2	Veh 3	Veh 4
Year/Make				
Model				
Liability	$	$	$	$

WATERCRAFT

	Vessel 1	Vessel 2	Vessel 3	Vessel 4
Year/Make				
Model				
Length				
Horsepower				
Engine Type				
Liability	$	$	$	$

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

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

Customer Service Representative (CSR) _____