Apartment (Mixed Use) Insurance Quote Request Form

*Building Owner Name :_____

*Mailing Address: _____

*Mailing City/State/Zip: _____

Property Address

*Street Address: _____

*City_____*State_____*Zip Code_____

Property Information

*Construction Type:_____

*Year Built: _____ *Number of Buildings _____

*Number of Units: _____

*Does any building contain 16 or more units? Y / N

*Number of Stories : _____   *Senior Living 55+ : Y / N

 *Restaurant Type : (If Any): _____

Replacement Cost Estimator

*Total Square Footage: _____ *Quality of Construction: _____

*Number of Outside Stairwells: _____*Square Footage of Garage(s): _____

*Number of Bathrooms in entire building: _____

*Central Air or Heat? Y / N

*Estimate Replacement Cost: $_____

Coverage Information

*Building Coverage Amount:_____

*Business Personal Property: _____max: 20% Building Coverage

*Deductible: _____

<u>*Any Claims in Last 3 Years, please provide details:</u>

_____

_____

_____

*100% Sprinklered: Y / N

*Liability Limits: _____

Other Coverages

*Number of Fenced Pools: _____

*Water Back-up/Sump Pump: $_____

*Hired & Non-Owned Auto Liability: Y / N. Please provide a schedule of drivers and their Licenses

*Building Ordinance or Law: _____max: 20% Building Coverage

*Money & Securities $_____

*Employee Dishonesty:

# of Employees: _____Coverage$ _____Locations: _____

*24 Month Business Income?: Y / N

*Equipment Breakdown?: Y / N

Underwriting Questions:

*Has there been more than one paid claim at this location in the last 3 years? Y / N

*Located within 1000 feet of a brush area or shoreline? Y / N

*Are there any pools not completely fenced off from all living units? Y / N

*Located on a slope of over 20 degrees? Y / N

*Building(s) have wood shake roof? Y / N

*Building(s) have electrical fuses, knob and tube or aluminum wiring? Y / N

*Building(s) in the course of construction or major renovations? Y / N

*Does spacing between bars on any exterior railings exceed 6 inches? Y / N

*Prior construction defect allegations? Y / N

*Daycare facilities? Y / N

*Are any units designated for seasonal or vacation rentals? Y / N

*Does vacancy rate exceed 25%? Y / N

*Over 20% designated student or subsidized/Section 8 occupancy? Y / N

*Gross sales from any restaurant operation exceeds $3,000,000 or 24-hour operation? Y / N

*Does the roof currently leak or have any defects? Y / N

*Is the current roof more than 30 years old? Y / N

*Does the plumbing currently leak or have any defects? Y / N

*Have there been any housing code violation citations issued for the property to be insured? Y / N

*Are you, any of your employees, or your property manager aware of any tenant allegations of living condition or maintenance issues at the property to be insured? Y / N

Inspection Contact Information

*Contact Name_____ *Contact Phone_____

*Email : _____

Additional Information

*Parking Type: _____ *Roof Type : _____

*Occupancy Type: _____

*Annual Rents: $_____

*Are there any lakes, ponds, or fountains? Y / N

*Are there plans to evict anyone in next 90 days?

*Number of Tenants Evicted in last 3 years : _____

*Recreational Facilities on Premises

*Plumbing Updates in last 30 years _____ *Year of Last Plumbing Update _____

Mortgage Company Information

Name: _____ Loan # _____

Address: _____ City, State, Zip _____

Bill Mortgage Company at renewal? Y / N

Additional Interest

Name: _____

Address: _____ City, State, Zip _____

Prior Carrier Information

First Carrier

Insurance Carrier: _____ Policy Number: _____

Years with Insurance Carrier _____ Losses Incurred? Y / N

Loss Amount: $_____

Second Carrier

Insurance Carrier: _____ Policy Number: _____

Years with Insurance Carrier _____ Losses Incurred? Y / N

Loss Amount: $_____

Third Carrier

Insurance Carrier: _____ Policy Number: _____

Years with Insurance Carrier _____ Losses Incurred? Y / N

Loss Amount: $_____

Policy Cancellation?

*Has any carrier cancelled policy in the past 3 years?

If yes, please explain:

Agent Name: _____ Lic # _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____