

INSURANCE SOLUTIONS APARTMENT/CONDO QUOTE SHEET

(We must have all this information completed in order to review and quote)

Agency Name _____

Named Insured _____ Individual ___ Partnership ___ Corp ___ LLC ___

Address _____ City _____ St _____ Zip _____

FEIN # or Social Security Number _____ Phone # _____

Contact Name _____ Email Address _____

Years in business _____ if new or no current coverages years of experience _____

Apartments ___ or Condominium ___

Renewal Date _____ Current Carrier _____ Target Premium _____

3 Year prior Losses_ (3 year company loss runs will be required in order to bind coverage) _____

Location Address _____ City _____ St _____ Zip _____

Protection Class _____ Construction: Frame ___ Joisted Masonry ___ Masonry Non combustible ___

Property Deductible _____ Annual Receipts/Sales _____ Annual Payroll _____

Building Value _____ Contents Value _____ Loss of Income Limit _____

Number of units per Building _____ % of Student Housing _____ # Stories _____

Sq. Footage _____ Sprinklered Yes ___ No ___ Central Alarm Yes ___ No ___

Year Built _____ (If over 20 year's old need to know year the following were updated):

Roof Update _____ Electrical Update _____ Plumbing update _____ HVAC Update _____

General Liability Limited Requested: \$500,000 ___ \$1,000,000 ___

Optional Coverages

IF Condominium. Is Directors & Officers Needed? _____

If so need # of Directors on Board _____ Is the Developer on the board? _____

See next page for each additional building or location to be insured.

Building or Location # 2

Location Address _____ City _____ St _____ Zip _____
Protection Class _____ Construction: Frame _____ Joisted Masonry _____ Masonry Non combustible _____
Annual Receipts/Sales _____ Annual Payroll _____
Building Value _____ Contents Value _____ Loss of Income Limit _____
Number of units per Building _____ % of Student Housing _____ # Stories _____
Sq. Footage _____ Sprinklered Yes _____ No _____ Central Alarm Yes _____ No _____
Year Built _____ (If over 20 year's old need to know year the following were updated):
Roof Update _____ Electrical Update _____ Plumbing update _____ HVAC Update _____

Building or Location # 3

Location Address _____ City _____ St _____ Zip _____
Protection Class _____ Construction: Frame _____ Joisted Masonry _____ Masonry Non combustible _____
Annual Receipts/Sales _____ Annual Payroll _____
Building Value _____ Contents Value _____ Loss of Income Limit _____
Number of units per Building _____ % of Student Housing _____ # Stories _____
Sq. Footage _____ Sprinklered Yes _____ No _____ Central Alarm Yes _____ No _____
Year Built _____ (If over 20 year's old need to know year the following were updated):
Roof Update _____ Electrical Update _____ Plumbing update _____ HVAC Update _____

Mortgagee Info: _____

Address _____

City _____ ST _____ ZIP _____

This information must be completed for each building or location to be insured.

IN ORDER TO BIND COVERAGE WE ARE GOING TO NEED THREE YEAR LOSS RUNS FROM CURRENT COMPANY (PLEASE GO AHEAD AND REQUEST THEM)AND SIGNED APPLICATIONS.