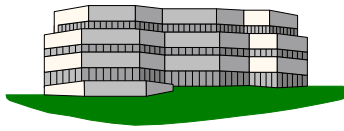


# Property Quote



ACCOUNT NAME: \_\_\_\_\_

**Please Complete for Each Building / Location**  
(Building information is still needed even if Bldg. is not owned)

PREMISES #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description (Ex: Office, Store, etc.): \_\_\_\_\_

Area Best Described As: City( ) Town( ) Rural( ) ...&.... Commercial( ) Residential( ) Open( )

# Miles from Ocean: \_\_\_\_\_ # of Feet from River: \_\_\_\_\_ Located in a Flood Zone: Y N

# Miles from Fire Station: \_\_\_\_\_ # Feet from Fire Hydrant: \_\_\_\_\_

Construction: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Year Built: \_\_\_\_\_ Sprinklered? Y N

Area Per Floor (Sq. Ft.): \_\_\_\_\_ Square Ft Occupied: \_\_\_\_\_ Total Bldg. Square Ft: \_\_\_\_\_

Have All Utilities (Electric, Plumbing, Heating/AC) and Roof Been Updated Within Past 10 Years? Y N

Fire Alarm? Y N Burglar Alarm? Y N Central Station? Y N

Other Occupancies in Bldg: \_\_\_\_\_

Surrounding Area Consists of: \_\_\_\_\_

How is Equipment (Boats, Tractors, Lifts, etc) Stored Overnight / Off Season: \_\_\_\_\_

## LIMITS OF INSURANCE

Building: \_\_\_\_\_ Deductible: \_\_\_\_\_ Any Apartments (# of): \_\_\_\_\_

Office Contents: \_\_\_\_\_ Other Contents (stock, etc): \_\_\_\_\_ Deductible: \_\_\_\_\_

Equipment Floater (All Equip. which goes off Premises):

Total Value of all Equipment (Under \$2,500 Per Item): \_\_\_\_\_

Total Value of all Equipment (Over \$2,500 Per Item): \_\_\_\_\_ Please attach a list of these items.

Cash Coverage for Theft / Robbery? If Needed > On Premises Limit: \_\_\_\_\_ In Transit Limit: \_\_\_\_\_

Other Coverages: \_\_\_\_\_

## LOSS INFORMATION - PAST 4 YEARS

Check Here if No Losses- Past 4 Years

Date of Loss	Description of Loss	Amount Paid
_____	_____	_____
_____	_____	_____
_____	_____	_____



Signature \_\_\_\_\_

Date \_\_\_\_\_

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