

# FAX BACK SITE BUILT QUOTE



## \*REQUIRED INFORMATION

\*AGENCY NAME: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### \*POLICY TYPE:

OWNER RENTAL  
 SEASONAL VACANT DWELLING  
 VACANT MANUFACTURED HOME

### \*APPLICANT INFO:

NAME: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 SSN: \_\_\_\_\_

### \*RISK INFO:

LOCATION ADDRESS: \_\_\_\_\_ CITY & ZIP CODE: \_\_\_\_\_ P.C. \_\_\_\_\_

YEAR BUILT: \_\_\_\_\_ SQUARE FOOTAGE: \_\_\_\_\_ # FAMILIES: \_\_\_\_\_ AGE OF ROOF: \_\_\_\_\_ PURCHASE DATE: \_\_\_\_\_

SUPL. HEAT: Y / N MASONRY / FRAME INSURED HAS OWNED **THIS RISK** CLAIM FREE & WITH NO LAPSE FOR 5 YEARS? Y / N

COVERAGE TYPE	LIMIT OF COVERAGE	PREMIUM
DWELLING ( ACV / RCV)		\$
PERSONAL PROPERTY		\$
ADJACENT STRUCTURES (10% coverage A is incl in DP-2 & DP-3)		\$
LIABILITY LIMITS / MEDICAL PAYMENTS		\$
V&MM (MUST BE 100% OF DWELLING LIMIT) INCL IN DP-2, DP-3 & VACANT PROGRAMS		\$
PERSONAL PROPERTY REPLACEMENT COST		\$
FULL REPAIR COST (DP-1 ONLY)		\$
MODIFIED FUNCTIONAL REPLACEMENT COST (DP2 & DP3 only)		\$
THEFT (BROAD or LIMITED available to DP1, DP2, & DP3 on primary/permanent risks only)		\$
EARTHQUAKE COVERAGE (10% - \$1000 minimum deductible applies)		\$
RESIDENTIAL BURGLARY (DP-1 primary or rental risks only)		\$
WATER BACK UP & SUMP DISCHARGE OR OVERFLOW		\$
DEDUCTIBLE (\$500 BASE DEDUCTIBLE)		\$
POLICY FEE		\$ 20.00
	EXPECTED TOTAL PREMIUM	\$

**This is a quote and is for informational purposes only. This is NOT a guarantee of coverage. All underwriting questions, company rules and binding are subject to review.**

**\*\*\* 2 Photos, front and back of dwelling, are REQUIRED at time of binding. Down payment due at time of application, unless bill to lienholder.\*\*\***

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