

Company Name Condominium Insurance Quote Form

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:



Company Name
Company Address
City, State, Zip
Tel. (555) 555-5555
Fax (555) 555-5555
www.domain.com

* Denotes Required Field

General Information

*Name:

*Social Security Number:

Ex. 111-11-1111

*Address:

*City:

*State:

*Zip Code:

*Property Address: (type "same" if same as above)

City:

State:

Zip Code:

*Day Phone:

*Evening Phone:

Ex: 920-111-2222

Best Time to Call:

*E-Mail Address:

*Confirm E-Mail Address:

Occupation:

How Long at Current Job?

Years

Months

*Date of Birth

Ex. 01/12/2007

Current Insurance Information

Company Name (not agency):

Policy Expiration Date:

Ex. 01/12/2007

Premium Amount: \$

Amount Insured For: \$

Policy Type:

Term: 6 Months 1 Year Other

Have You Filed Any Property Claims in the Past 3 Years?

If yes, please give us the claim(s) details below:

Condominium Information

Condominium is:

Living Area-Square Feet:

Number of Units in Your Building:

Year Built:

Building Construction:

Copper Plumbing?

Circuit Breakers?

Alarm System?

Is the condo equipped with at least one working smoke detector?

Does the condo have at least one fire extinguisher that is 2 ½ lbs. or larger?

Do all the exterior doors have deadbolt-type locks?

Desired Coverage

Deductible:

Comprehensive Personal Liability:

Value of Your Contents

\$

Please check your condo association rules to determine your insurance coverage responsibilities

List any additional coverage requirements below

Additional Comments

Please provide any additional comments that you feel would be appropriate for this quotation. If you have additional information to provide, where there were not enough fields above; please enter it here:

*Acknowledgement and Consent

I hereby certify that the above information is complete and accurate to the best of my knowledge. The agency receiving this application will retain the application whether or not a policy is issued. The agency may rely on this application when determining the quotation and when deciding whether to issue a policy. False statements may subject me to criminal penalties. I authorize the agency to obtain a CLUE report and credit report about me on an ongoing basis during this quotation and policy period and to check my claims history and credit report on an ongoing basis during the term of the determination and policy period.

If a policy is issued, I authorize the agency to give information about me to its affiliates.

Yes

No

***Enter Your Initials Here:**

***Today's Date:**

Ex: 01/12/2007

View our Privacy Policy 