

Quick Quote Sheet

Customer Information

Customer Name: _____
 Customer Phone: _____
 Effective Date: _____
 Type of Quote: _____
 New Business Renewal

Property Information

Address: _____
 City/Zip: _____
 Distance to Gulf: _____
 Occupancy: _____ PC: _____
 Type of Construction: _____
 Exterior Finish: _____
 Year Built: _____ Square Footage: _____
 Roof Type: _____
 Roof Shape: _____
 Roof Straps: Yes No
 Foundation: _____ # Stories: _____
 Shutters/Protective Glass: _____
 Alarm: _____ Flood Zone: _____
 Fortified: _____
 Updates:
 Roof: Yr _____ Comp Partial
 Wiring: Yr _____ Comp Partial
 Plumbing: Yr _____ Comp Partial
 HVAC: Yr _____ Comp Partial
 Swimming Pool: _____

*Pools must be fenced to quote for liability coverage.

Agent Information

Agent Name: _____
 Agent Phone: _____
 Contact Email: _____

Coverage Requested

Dwelling: _____
 Other Structures: _____
 Contents: _____
 Loss of Use/Rents: _____
 Liability: _____
 Med Pay: _____
 TIV: _____

Prior/Current Carrier: _____
 Total Premium: _____
 Deductibles Requested:
 AOP: _____ Wind: _____
 Loss History/Comments: _____

Describe Other Structures Requested Above:

In the event you should wish to bind one of the quotes you receive, please complete the following and return to binder@sshoreins.com

Quote Selected: _____
 With a premium of: _____
 Mailing address of Customer if
 different from property address.

Mortgagee Clause 1: _____

 Loan#: _____
 Effective Date: _____