**Apartment (Mixed Use) Insurance Quote Request Form**

**email to Johnny@jhinsinc.com**

\*Building Owner Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Mailing City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Property Address**

\*Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*State\_\_\_\_\_\_\_\*Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Property Information**

\*Construction Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Year Built: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Number of Buildings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Number of Units: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Does any building contain 16 or more units? Y / N

\*Number of Stories : \_\_\_\_\_\_\_\_\_ \*Senior Living 55+ : Y / N

 \*Restaurant Type : (If Any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Replacement Cost Estimator**

\*Total Square Footage: \_\_\_\_\_\_\_\_\_\_\_ \*Quality of Construction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Number of Outside Stairwells: \_\_\_\_\_\_\_\_\_\_\*Square Footage of Garage(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Number of Bathrooms in entire building: \_\_\_\_\_\_\_\_\_\_\_

\*Central Air or Heat?  Y / N

\*Estimate Replacement Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coverage Information**

\*Building Coverage Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Business Personal Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_max: 20% Building Coverage

\*Deductible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Any Claims in Last 3 Years, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*100% Sprinklered: Y / N

\*Liability Limits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Coverages**

\*Number of Fenced Pools: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Water Back-up/Sump Pump: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Hired & Non-Owned Auto Liability: Y / N. Please provide a schedule of drivers and their Licenses

\*Building Ordinance or Law: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_max: 20% Building Coverage

\*Money & Securities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Employee Dishonesty:

# of Employees: \_\_\_\_\_\_\_Coverage$ \_\_\_\_\_\_\_\_\_\_Locations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*24 Month Business Income?: Y / N

\*Equipment Breakdown?: Y / N

**Underwriting Questions:**

\*Has there been more than one paid claim at this location in the last 3 years? Y / N

\*Located within 1000 feet of a brush area or shoreline? Y / N

\*Are there any pools not completely fenced off from all living units? Y / N

\*Located on a slope of over 20 degrees? Y / N

\*Building(s) have wood shake roof? Y / N

\*Building(s) have electrical fuses, knob and tube or aluminum wiring? Y / N

\*Building(s) in the course of construction or major renovations? Y / N

\*Does spacing between bars on any exterior railings exceed 6 inches? Y / N

\*Prior construction defect allegations? Y / N

\*Daycare facilities? Y / N

\*Are any units designated for seasonal or vacation rentals? Y / N

\*Does vacancy rate exceed 25%? Y / N

\*Over 20% designated student or subsidized/Section 8 occupancy? Y / N

\*Gross sales from any restaurant operation exceeds $3,000,000 or 24-hour operation? Y / N

\*Does the roof currently leak or have any defects? Y / N

\*Is the current roof more than 30 years old? Y / N

\*Does the plumbing currently leak or have any defects? Y / N

\*Have there been any housing code violation citations issued for the property to be insured? Y / N

\*Are you, any of your employees, or your property manager aware of any tenant allegations of living condition or maintenance issues at the property to be insured? Y / N

## Inspection Contact Information

\*Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Contact Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Additional Information

\*Parking Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Roof Type : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Occupancy Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Annual Rents: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Are there any lakes, ponds, or fountains? Y / N

\*Are there plans to evict anyone in next 90 days?

\*Number of Tenants Evicted in last 3 years : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Recreational Facilities on Premises

\*Plumbing Updates in last 30 years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Year of Last Plumbing Update \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Mortgage Company Information

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Loan # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Bill Mortgage Company at renewal? Y / N

## Additional Interest

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

## Prior Carrier Information

### First Carrier

 Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Years with Insurance Carrier \_\_\_\_\_\_\_ Losses Incurred?  Y / N

Loss Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Second Carrier

 Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Years with Insurance Carrier \_\_\_\_\_\_\_ Losses Incurred?  Y / N

Loss Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Third Carrier

 Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Years with Insurance Carrier \_\_\_\_\_\_\_ Losses Incurred?  Y / N

Loss Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Policy Cancellation?

\*Has any carrier cancelled policy in the past 3 years?

 If yes, please explain:

Agent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lic # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_