

VACANT BUILDING QUICK QUOTE

POLICY EFF DATE: _____

TODAY'S DATE: _____ PRODUCER NAME : _____

INSURED NAME: _____ PHONE: _____

LOCATION ADDRESS: _____

NORMAL OCCUPANCY: _____

CONSTRUCTION (JM/FRAME): _____ AREA (SQ FT): _____ YR BUILT: _____

UPDATE YEAR: _____ # OF STORIES _____ GARAGE: Y/N

PREVIOUS CARRIER (IF ANY): _____

LENTH OF VACANCY: _____ MONTHS INTENDED DISPOSITION: ___ SELL ___ RENT ___ SELF-OCCUPY

FINANCIALS: ___ GOOD ___ POOR ___ BANKRUPTCY/TAX LIENS

UNDERGOING FORECLOSURE : ___ NO ___ YES IF YES, EXPLAIN: _____

EXISTING DAMAGE: ___ NO ___ YES IF YES, EXPLAIN: _____

LOSS HISTORY (IF ANY): _____

PROPERTY: BASIC FORM CP1010

BUILDING AMOUNT: \$ _____

GARAGE: \$ _____

DEDUCTIBLE: \$1000 \$2500 \$5000
(CIRCLE ONE)

LIABILITY:

CGL LIMIT: \$300,000 \$500,000 \$1,000,000
(CIRCLE ONE)