agencyservicebureau
UNIQUE INSURANCE SERVICE INC

Location Check Request

Please email the completed form to plnewbusiness@asbagent.com

General Information

Client Name *(Please give full name)*			
Policy/Quote Number *(If applicable)*		**Other Policies** *(if any)*	
Agency Name			
Contact Name		**Contact e-mail**	

Account Information — all areas must be completed

Is this part of a total account submission?	☐ Yes ☐ No
Street Address	
City	**State** **Zip**
Coverage ☐ A or ☐ AA Amount	**$**
Coverage C Amount	**$**
Jewelry Total Limit	**$**
Umbrella Limit	**$**
Will the auto coverage be submitted with the account?	☐ Yes ☐ No

Home Characteristics — all areas must be completed

Type of Residence	☐ Dwelling ☐ Condo ☐ Co-Op ☐ Renters
Occupancy	☐ Primary ☐ Secondary ☐ Rented to Others
Year Built	
Year Retrofitted (if built prior to 1945)	
Construction	☐ Frame ☐ Masonry Veneer ☐ Reinforced Masonry ☐ Unreinforced Masonry ☐ Reinforced Poured in Place Concrete
Masonry Veneer Percentage *Include if construction is Masonry Veneer, Reinforced Masonry or Unreinforced Masonry*	
Number of Stories	
Square Feet	
Roof Type	☐ Tile ☐ Slate ☐ Comp Shingle ☐ Wood ☐ Tar & Gravel ☐ Other/Specify
Foundation Type	☐ Slab ☐ Raised ☐ Crawl Space ☐ Perimeter with T-Footings ☐ Caissons ☐ On-Stilts/Piers/Posts/Cantilevered

Additional Comments