agencyservicebureau
UNIQUE INSURANCE SERVICE INC

Condo Quote Request Form

Date Submitted: _____

General Information:

Named Insured: _____ Named Insured: _____

DOB: _____ Marital Status: (Select) DOB: _____ Marital Status: (Select)

Occupation: _____ Occupation: _____

Email: _____ Phone #: _____ Effective Date Requested: _____

Mailing Address: _____

Property Information:

Property Address (if different than mailing): _____

Prior Address (if less than 3 years at current address): _____

Occupancy: (Select) Purchase Date: _____ Construction Type: (Select)

Year Built: _____ Square Feet: _____ # of Stories: _____ # of Units in Building: _____

Roof Type: (Select) Heating Type: (Select) Plumbing Type: (Select) Electrical Type: (Select)

List year of updates & if full or partial: Roof: _____ Heat: _____ Plumbing: _____ Electric: _____

Animals: ☐ Yes ☐ No If Yes, what type, breed & bite history? _____

Is the Residence Held in Trust or LLC? If so, list the Entity Name: _____

If Tenant Occupied, indicate the type of rental: ☐ Full-Time ☐ Seasonal ☐ Short-Term

Protective Devices:

☐ Smoke Alarm ☐ Dead Bolt ☐ Fire Extinguisher ☐ Fire Sprinklers Central Alarms: ☐ Fire ☐ Burglar

Requested Coverage Limits:

- All Perils Deductible: _____
- Dwelling: _____
- Personal Property: _____
- Liability Coverage: _____
- Medical Payments: _____
- Loss Assessment: _____

ASB Minimum Requirements

Deductible: $500 / Dwelling: $50,000
Personal Property: $50,000 / Liability: $300,000

Optional Coverages:

List any specific coverage such as scheduled valuable articles, etc.

_____

_____

Claims History:

Losses within the last 5 years? ☐ Yes ☐ No If yes, include description, loss amount & status in email with submission.

Additional Info:

Current Carrier, Exp. Date & Premium: _____ Reason for New Policy: _____

Any Lapse? ☐ Yes ☐ No If yes, how many days? _____ List any Carriers or other Wholesalers you are approaching directly:

_____

Agency Information:

Agency Name: _____ Email Address: _____

To Request a Quote, submit the completed form to: plnewbusiness@asbagent.com