agencyservicebureau
UNIQUE INSURANCE SERVICE INC

Flood Quote Request Form

Date Submitted: _____

General Information:

Named Insured: _____ DOB: _____ Occupation: _____

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Property Address: _____

Mailing Address (if different): _____

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

Property Information:

Dwelling Type: Multi Family Dwelling Year Built: _____ Square Feet: _____ # of Stories: _____

Usage: Primary # of Families: _____ Construction Type: Wood Frame Foundation Type: Slab

Dwelling Estimated Replacement Cost: _____ Contents Estimated Replacement Cost: _____

Flood Zone (if known): _____

Requested Coverages:

- Dwelling: _____
- Contents: _____
- Loss of Use: _____
- Deductible: _____

Coverage Type: ☐ Primary ☐ Excess

Claims History:

Flood Losses within the last 10 years? ☐ Yes ☐ No

If yes, describe: _____

_____

Agency Information:

Agency Name: _____

Email Address: _____

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

We will check our available markets to determine eligibility. The receipt of this application does not constitute an obligation or commitment to provide coverage.