agencyservicebureau
UNIQUE INSURANCE SERVICE INC

Personal Lines
Quote Supplemental Form

Named Insured(s): _____

Phone #: _____

Email Address: _____

Effective Date: _____

Line(s) of Business: _____

Current Carrier & Premium: _____

Reason for New Policy: _____

Dates of Lapse, if any: _____

List any Carriers or other Wholesalers you are already approaching: _____

_____

If full Home/DP3 policy is not available, check box for other options requesting:

☐ **DIC**

☐ **Non-Admitted**

Any Losses?: _____

(if yes, please provide details including the date, amount and remediation) _____

_____

_____

If requesting property quote, please include copy of a completed Replacement Cost Estimate.

If you do not have access to a replacement cost estimator, please let us know.

To the best of my knowledge, the above is true and accurate.

_____

Name of person completing the form

_____

Agency Name

Send to plnewbusiness@asbagent.com with request for quote.