

# Quick Quote Questionnaire

Date: \_\_\_/\_\_\_/\_\_\_

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Effective Date of Policy: \_\_\_/\_\_\_/\_\_\_ Current Carrier: \_\_\_\_\_

Property Deductible: \_\_\_\_\_ FEIN: \_\_\_\_\_

## Buildings:

1) Building Amount #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

2) Contents Amount #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

3) Construction #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
(Metal, Brick, Frame, Etc.)

4) Square Footage #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

5) Age of Building #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

6) Fire Alarm? #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

7) Burglar Alarm? #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

8) Sprinklered? #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

## Worker's Comp:

Payroll Code 8868 \_\_\_\_\_ 9101 \_\_\_\_\_

## Automobiles:

#1 Year \_\_\_\_\_ Model \_\_\_\_\_ #2 Year \_\_\_\_\_ Model \_\_\_\_\_

#3 Year \_\_\_\_\_ Model \_\_\_\_\_ #4 Year \_\_\_\_\_ Model \_\_\_\_\_

Please attach a colored photo of all buildings if possible.

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