

Quick Quote Questionnaire

Named Insured: _____

Franchise Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Current Carrier: _____ Renewal Date: _____

Building

Location Address: _____

Building Value: _____ Contents Value: _____

Property Deductible: _____ Square Footage: _____ Year Built: _____

Number of Units: _____ Number of Floors: _____ Avg. Daily Room Rate: _____

Estimated Annual Revenue: _____

Avg. Annual Occupancy Rate (55% minimum Required) _____

Burglar Alarm: Y__ N__ Fire Alarm: Y__ N__ Sprinkler System: Y__ N__

Do buildings have a common entry, only interior access to rooms? Y__ N__

Does applicant have a magnetic card or electronic key entry system? Y__ N__

Are laundry facilities provided? Y__ N__ Are there video monitoring? Y__ N__

Outdoor or Indoor Pool: _____ Umbrella Limit: _____

Payroll (Worker's Comp quote) _____ FEIN#: _____

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