

Brokerage Huckaby Insurance Services

Lic. # 04401234

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Website Huckabyins.com

Equipment & Inventory

Quote Application

INSTRUCTIONS

If a question is not applicable mark it NA or put a line through it, but do not leave it blank. If there is insufficient space for any answer please use a separate sheet of paper. If you have any questions please call us toll free using the phone number above. Information provided in this application will be HELD IN CONFIDENCE and shared only with Insurance providers from which we seek quotes.

APPLICANT INFORMATION

List named Insured/s and DBA - Individual ___ Corporation ___ Partnership ___ Joint Venture ___ Other ___

Contact Person _____ Title _____

Mailing Address _____ State ___ Zip Code _____

Email Add _____ Website Address _____

Ph# _____ Cell # _____ Fax # _____

Location of Property to be insured

Location 1 _____ State ___ Zip Code _____

Date Purchased _____

Purchased Price \$ _____ Current Market Value \$ _____ Replacement Value \$ _____

Year Built _____ Type Construction _____ # Stories ___ Total Area _____

Within City limits? (Y) (N) Fire District _____ Distance to fire hydrant ___ Fire Station _____

% Sprink ___ Alarmed (Y) (N) If yes, Fire ___ Theft ___ Local ___ Central ___

If central alarm who provides monitoring service _____

Year last updated

Wiring _____ Plumbing _____ Heating _____ Roof _____ Remodeled _____

Type Roof Composition ___ Shingle ___ Tar & Gravel ___ Other ___ explain _____

Flat ___ Pitched/ Sloped ___

Building's Use

Residential _____ Commercial _____ If commercial, # of tenants _____ List types of business below

Facing building Explain surrounding exposures

Left exposure and distance _____ Ft _____

Right exposure and distance _____ Ft _____

Front exposure and distance _____ Ft _____

Rear exposure and distance _____ Ft _____

Total Inventory Value \$ _____

Total Equipment Value \$ _____

List and number equipment items and value that requires Lessor or Losspayee / lienholder Certificates

ADDITIONAL INTERESTS / CERTIFICATES RECIPIENTS

Additional Insured's / Lessor's names and addresses with number of equipment item _____

Lienholders names and addresses with number of equipment item _____

List any Losses Last 3 Years

Location 2 _____ State ____ Zip Code _____

Date Purchased _____

Purchased Price \$ _____ Current Market Value \$ _____ Replacement Value \$ _____

Year Built _____ Type Construction _____ # Stories _____ Total Area _____

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% Sprink _____ Alarmed (Y) (N) If yes, Fire _____ Theft _____ Local _____ Central _____

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ADDITIONAL INTERESTS / CERTIFICATES RECIPIENTS

Additional Insured's / Lessor's names and addresses with number of equipment item _____

Lienholders names and addresses with number of equipment item _____

List any losses Last 3 Years

Signature **X** _____ Date _____

Duplicate pages numbers 3 and 4 for additional buildings/locations

Send completed forms to Email Address info@huckabyins.com

Fax toll free: 408-266-4555 local Fax toll free to: 888-266-0067