

Brokerage **Huckaby Insurance Services**

Lic. # 04401234

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Website Huckabyins.com

Building / Property

**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 # _____

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 _____

Prior Insurance

Insurance Company _____ Expiration Date _____ Premium _____

Building Coverage Amount \$ _____ Liability Limit _____

Indicate other coverage/s you may need/want.

Equipment: Value \$ _____

Inventory: Value \$ _____

ADDITIONAL INTERESTS / CERTIFICATES RECIPIENTS

Additional Insured's names and addresses _____

Mortgagees names and addresses _____

List Building 1 Losses (types and amounts) Last 3 Years

Location 2 _____ 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

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Rear exposure and distance _____ Ft _____

Prior Insurance

Insurance Company _____ Expiration Date _____ Premium _____

Building Coverage Amount \$ _____ Liability Limit _____

Indicate other coverage/s you may need/want.

Equipment: Value \$ _____

Inventory: Value \$ _____

ADDITIONAL INTERESTS / CERTIFICATES RECIPIENTS

Additional Insured's names and addresses _____

Mortgagees names and addresses _____

List Building 2 Losses (types and amounts) 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