



Taylor & Taylor Associates, Inc.
 Taylor & Taylor, Ltd.
 www.taylorinsurance.com

CONDO/COOP QUOTE REQUEST FORM

| | | | |
|----------------------------|------------------|------------------|--|
| NAME | | | |
| | | | |
| ADDRESS | STREET | APT/SUITE NUMBER | |
| | CITY, STATE, ZIP | | |
| HOME PHONE | WORK PHONE | E-MAIL ADDRESS | |
| OCCUPATION | SSN | D.O.B. | |
| EFFECTIVE DATE OF COVERAGE | | | |

Co-Applicant Info (Leave Blank if Not Applicable)

| | | | |
|-------------|------------|----------------|--|
| NAME | | | |
| | | | |
| HOME PHONE | WORK PHONE | E-MAIL ADDRESS | |
| OCCUPATION | SSN | D.O.B. | |

RESIDENCE INFORMATION

| | | | | |
|---|--|--|-----------------|---|
| Residence Type | <input type="checkbox"/> Condo <input type="checkbox"/> Co-Op | Updates | | Heating Type: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other _____ |
| Construction Type <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Steel Frame | Year Built: | Roof: | Heating: | Alternate Heating? (wood/coal/pellet stoves, space heaters, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Number of Stories: | Plumbing: | Wiring: | |
| | Unit Square Footage: | Any Business Conducted on Premises? | | Security & Alarms: |
| Distance to Fire Hydrant In Feet | | Number of Units between Fire Walls: | | Smoke Detectors Y <input type="checkbox"/> N <input type="checkbox"/> |
| Distance to Fire Station In Miles | | Number of Units in Building: | | Fire Extinguisher Y <input type="checkbox"/> N <input type="checkbox"/> |
| Subject to Flood, Wave Wash, Windstorm or Seacoast? <input type="checkbox"/> Yes <input type="checkbox"/> No | Trampoline, Skateboard or Bicycle Ramp? <input type="checkbox"/> Yes <input type="checkbox"/> No | Rented to Others? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Dead Bolt Lock Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | | Central Station Burglar Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | | Central Station Fire Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | | Sprinklers Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | | Elevators Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | | 24hr Doorman Y <input type="checkbox"/> N <input type="checkbox"/> |

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Coverage Location (If Different from Above)

| | |
|-----------------|------------------------|
| STREET | APARTMENT/SUITE NUMBER |
| CITY, STATE ZIP | |

Coverage Limits

Please Enter the Requested Coverage Limits

| | | |
|-------------------------------------|--|--|
| Dwelling Coverage | Coverage for your Dwelling & Permanent Fixtures. Contact us for more details/assistance | |
| Personal Property | Please contact us for information on coverage for Valuable Items like Jewelry, Fine Arts, Antiques, etc. | |
| Personal Liability Coverage | We recommend a minimum of \$500,000 or \$1,000,000 | |
| Medical Payments to Others Coverage | We recommend a minimum of \$5,000 | |
| Deductible | We recommend a minimum of \$1,000 Options: \$500/\$1,000/\$2,500/\$5,000+ | |

Additional Information

UNDERWRITING INFORMATION

| | | |
|--|--|---|
| Any Losses in the past four (4) years? <input type="checkbox"/> YES <input type="checkbox"/> NO | | If yes, please provide details on a separate sheet. |
| Current Insurance Carrier | Current Policy Number & Effective Date | Current Policy Premium |

MORTGAGEE INFORMATION (IF APPLICABLE)

| | |
|------------------|--|
| NAME | |
| ADDRESS | |
| ADDRESS (CONT.) | |
| CITY, STATE, ZIP | |

The above information may/will be used to obtain your credit-based insurance score, motor vehicle history and premium quotation(s). You must speak to an account representative in order to bind coverage; coverages cannot be bound or changed by phone message.

It is common practice as part of the underwriting process that we may seek further information about you and any person insured under the policy from other sources to obtain an investigative consumer report containing claims, financial and credit history. If an investigation is made it will be handled in the strictest confidence. We will not disclose information without your consent unless that disclosure is necessary for us to conduct our business.

Signature _____

Date _____