

# PROPERTY QUICK QUOTE

(FAX BACK TO: 972-681-7601) or (E-mail to s.latham@mulleninsurance.com)

Date: \_\_\_\_\_ Submitting Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Fax # \_\_\_\_\_ Office # \_\_\_\_\_ Email \_\_\_\_\_  
Named Insured and DBA: \_\_\_\_\_  
Loc # \_\_\_\_\_ Bldg # \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Building is specifically used for \_\_\_\_\_  
If OFFICE, what type of business \_\_\_\_\_  
Year Built \_\_\_\_\_ If older than 15 years – when were updates done to the:  
ROOF \_\_\_\_\_ ELECTRICAL \_\_\_\_\_ HEATING \_\_\_\_\_ PLUMBING \_\_\_\_\_  
Construction: \_\_\_\_\_ Square Footage: \_\_\_\_\_  
(If Brick – Brick Veneer or Brick Masonry?)

Type of private protection:	Financial Status of Insured:
How is the housekeeping?	Type of Area:
Current Policy Expiration Date:	Has it been cancelled/non-renewed? Why?

- **Please check all that apply:**  smoke alarms;  fire extinguishers;  burglar bars;  
 inside sprinkler system;  completely fenced;  other \_\_\_\_\_
- How many stories? \_\_\_\_\_ How many feet to the nearest fire hydrant? \_\_\_\_\_ ft
- How many miles to the nearest fire department? \_\_\_\_\_ miles
- If **Restaurant**: confirm that a working automatic fire extinguishing system (Ansul System) is over all cooking equipment with a maintenance contract  YES  NO
- Serves Alcohol? \_\_\_\_\_ what percent of their total sales is alcohol sales? \_\_\_\_\_
- If **Apartments, Dwellings, or Condos**: the "Habitational Questionnaire" **must** be attached along with this sheet. #Buildings \_\_\_\_\_ #Ft Apart \_\_\_\_\_ Total # Units \_\_\_\_\_ Elderly or Student Tenants? \_\_\_\_\_
- If **Convenience / Grocery Store**: gas station? \_\_\_\_\_ # pumps? \_\_\_\_\_ car wash? \_\_\_\_\_  
days and hours of operation: \_\_\_\_\_
- If **Auto Repair Shop**: spray painting? \_\_\_\_\_ OSHA approved booth? \_\_\_\_\_  
inside welding? \_\_\_\_\_ what percent? \_\_\_\_\_ meets OSHA requirements? \_\_\_\_\_
- If **Motel/Hotel**, how many units? \_\_\_\_\_ swimming pool? \_\_\_\_\_ restaurant? \_\_\_\_\_ nightly rate? \_\_\_\_\_

Monitored Alarm?  Yes  No Include Theft?  Yes  No (Theft with monitored alarm only)  
Requested Coverages  Special  Basic  RCV  ACV

**BUILDING AMOUNT:** \_\_\_\_\_ **CONTENTS AMOUNT:** \_\_\_\_\_  
Sign \$ \_\_\_\_\_ Gas Pumps \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_ Fence \$ \_\_\_\_\_ Loss of Income \$ \_\_\_\_\_

# Of Years Owned / Leased (circle one) \_\_\_\_\_ # Of Years Experience \_\_\_\_\_  
How many years prior insurance on this property by the insured? \_\_\_\_\_  
Any Losses Or Claims In The Past 3 Years?  NO  YES  N/A  
If YES, Please Give Details/Dates As Well As Amount(s) Paid Out For Each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DURING THEIR YEARS OF EXPERIENCE YOU LISTED:** Please give info/loss history on any other current or prior locations:

or have they only worked for others? \_\_\_\_\_ **AND** if you know this customer, please give some details:

\*\*Credit Report may be required for new business/purchase risks