

PROPERTY LIABILITY COVERAGE APPLICATION

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DATE QUOTE NEEDED

Date Quote needed: _____
(If rush, please call after quote is submitted)

RISK INFORMATION

Name of Risk: _____
Client Phone Number: _____

Location of Risk (Address): _____
City: _____ State: _____ Zip: _____

Mailing Address: _____
City: _____ State: _____ Zip: _____

Effective Date: _____
Annual Rent Revenues: \$ _____

PROPERTY / BUILDING INFORMATION

Living Square Feet: _____
Year Built: _____
Year Property Aquired: _____

Construction of Building (Circle One):
Frame / Joisted Masonry / Non-Combustible
Brick Veneer / Non-Combustible Masonry
Fire Restive / Modified Fire Restive

% Sprinklered: _____

Are Fire Alarms hard wired in each unit:
Yes ___ No ___

Number of Buildings: _____

Number of Units: _____

Number of Stories (Include parking): _____

Type of Parking: _____

Are there any elderly, student or subsidized housing?:
Yes ___ No ___

If yes, provide percentage: _____

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PROPERTY / BUILDING INFORMATION CONT.

Number of Pools: _____

Are the pools fenced?: Yes ___ No ___

Do they have self-latching gates?: Yes ___ No ___

Are there diving boards?: Yes ___ No ___

Are the pool depths clearly marked?: Yes ___ No ___

Year updates were made to the building(s) if over 30 years old: _____

Plumbing: _____

Roof: _____

Heating / Air: _____

Electrical: _____

LIMITS / DEDUCTIBLE / PRIOR CARRIER INFORMATION

Building Limit: \$ _____

Deductible: \$ _____

Current Insurance Carrier: _____

Policy Expiration Date: _____

Current Annual Premium: \$ _____

Please list any losses in the past three years, giving details, amounts, and dates:

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Inspection Contact Name: _____

Inspection Contact Phone: _____

**Please fax completed form to: John R. Lavey, Vice President
R.T. Beers & Company Insurance Services, Inc.
(562) 901.4601**