

QUICK QUOTE FORM

Epic ID: _____

Today's Date: _____

Effective Date: _____

Need By Date: _____

CUSTOMER INFORMATION

Legal Entity Name: _____

DBA: _____

Contact Name: _____ Phone: _____

Years in Business: _____ Email: _____

Mailing Address (Street): _____

City/State/Zip: _____

Website: _____

Current Insurance Carrier: _____ Current Premium: \$ _____

Are you an association member? Yes No Are you part of a franchise? Yes No

Third Party Management Firm? Yes No

If Yes, please describe: _____

LOSS HISTORY

Has your insurance ever been cancelled, denied, or non-renewed? Yes No

If Yes, give reason: _____

Please list all losses, or include Currently Valued Loss Runs: None
(3 Years Minimum or attach Loss Runs)

DESCRIPTION:	DATE:	AMOUNT PAID:
		\$
		\$
		\$
		\$

PLEASE NOTE: *If premium is over \$50,000, please include 5 Years of Loss History*

FACILITY INFORMATION

Yes No If No, please detail:

Facility Address (Street): _____

City/State/Zip: _____ County: _____

General Liability Limit: _____ Medical Payment Limit: _____

Customer Goods Legal Liability Limit: _____ Sale and Disposal Liability Limit: _____

Employee Dishonesty Limit: _____ Number of Employees: _____

Identity Fraud? Yes No Data Compromise: Yes No

Building and Business Personal Property Limit: _____ Deductible: _____

Wind/Hail Deductible: _____

Equipment Breakdown? Yes No

Business Income (Estimated Annual Receipts): _____

Business Income Actual Losses Sustained Time Period: 12 Months 18 Months 24 Months 36 Months

Extended Period of Indemnity Time Period: 180 Days 365 Days

What year was facility built? _____ *If Facility is over 30 years old, please provide updates in **Remarks** section (last page)*

Is your facility a conversion? Yes No *If Yes, please detail:* _____

Total building area (Gross square footage): _____

Number of rental spaces (inside building): _____ Open Lots RV/Boat: _____

Construction (exterior walls/partitions/roof, incl. metal gauge): _____

Total Number of buildings? _____

Cameras? Yes No Facility fully fenced/enclosed? Yes No

Controlled Gate Access? Yes No Facility fully lit? Yes No

Individual door alarms? Yes No Any vacant land? Yes No

100% Sprinklered System? Yes No Acres: _____

Central alarm entire property? Yes No *If 'Yes', type of system monitor:* Burglary Fire

Office on premises? Yes No Resident Manager?: Yes No

Climate controlled? Yes No *If 'Yes', does Manager have a Pet:* Yes No

Does Manager do daily lock checks? Yes No

Does Manager/Facility keep keys to units? Yes No *If Yes, Details:* _____

Positive identification requested to rent spaces? Yes No *If No, Details:* _____

Do you need Hired and Non-Owned Auto Coverage? Yes No

Does your company own any vehicles? Yes No

Current Occupancy Rate: _____%

Any non-storage operations on site? Yes No Describe: _____

ADDITIONAL INSURED/LOSS PAYEE/MORTGAGEE

Business Relationship: Additional Insured Loss Payee Mortgagee Other: _____
Name: _____
Address: _____
Email/Fax: _____

Business Relationship: Additional Insured Loss Payee Mortgagee Other: _____
Name: _____
Address: _____
Email/Fax: _____

AGENT/AGENCY INFORMATION

Agency Name: _____
Agent Name: _____
Mailing Address: _____
City/State/Zip/County: _____
Phone: _____ Email/Fax: _____

REMARKS:

COVERAGES AND DEDUCTIBLES MAY BE ADJUSTED TO MEET UNDERWRITING GUIDELINES

Signed: _____ Date: _____

Printed Name: _____ Title: _____