

DRickard Insurance

PO Box 900, Oxford, NY 13830

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www.drickardinsurance.com

Name: _____

Address: _____

Phone Number: _____

Contacts Relationship to property: _____

How is the property deeded? _____

Location Address: _____

Occupancy	Number of	Square ft	
Apartments	_____	_____	
Mercantile	_____	_____	
Offices	_____	_____	
Church	_____	_____	
Farm	_____	_____	
Service	_____	_____	
Industry	_____	_____	
			Total

Business Description: _____

Year Built	Updates	When	What
_____	Electric	_____	_____
	Heat	_____	_____
	Roof	_____	_____
	Plumbing	_____	_____

Construction: Frame _____ Joisted Masonry _____ Masonry _____ Fire Resistant _____

Number of Stories: _____

Safety Features: _____

Leases? Tennant Insurance Copies Required? _____

Dogs/Animals: _____

Any Losses in 5 Years: _____

Protection:

Closest Fire Department Name _____ Closest Fire Department Road Miles _____

Closest Fire Hydrant Feet _____ Dry Hydrant within 1000 ft? _____

Coverage Desired:

Building	Business Personal Property	Liability	Medical Expense
\$ _____	\$ _____	\$ _____	\$ _____

Current Coverage? _____

In Cancellation: _____