DRICKARD™ Insurance

PO Box 900, Oxford, NY 13830

(607) 843-8860 Fax (607) 843-5519 insurance@drickardinsurance.com
www.drickardinsurance.com

Name: _____

Mailing Address: _____ Distance to location: _____

Phone Numbers:_____ Email: _____

Would you like to subscribe to our income property owner newsletter? _____

Contact's relationship to property: _____ Is there a property manager? _____

Name(s) property deeded in: _____

Location address: _____ State_____ ZIP _____ County_____

Occupancy	Number of	Square Ft	
Apartments	_____	_____	**Basement Area**
Mercantile	_____	_____	_____ Finished? _____
Offices	_____	_____	**Attic Area**
Other _____	_____	_____	_____ Finished? _____
Other _____	_____	_____	**Number of Stories**
Total	_____	_____	_____

Occupancies Description: _____ Outbuildings? _____

Leases:_____ Tennant Insurance Copies Required: _____

Animals at location: _____

Year Built	Updates	What	When
_____	Electric	_____	_____
	Heat	_____	_____
Solid Fuel?	Roof	_____	_____
_____	Plumbing	_____	_____

Construction: Frame _____ Joisted Masonry _____ Masonry _____ Fire Resistant_____

Protection:

Fire Extinguishers _____ Smoke Detectors _____ CO _____ Fire Escape _____ Other_____

Closest Fire Department Name:_____ Road Miles To:___ Feet to Closest Fire Hydrant:_____

Coverage Desired: Deductible Desired: $_____ Highest $ _____

Building	Business Personal Property	Monthly Rents	Liability	Medical Expense
$_____	$_____	$_____	$_____	$_____

Current Coverage: _____

In Cancelation: _____

New Purchase? _____ If yes, purchase price? $_____

Describe any losses at any owned location in the last 5 years: _____

_____

rvs.4-2017 LRO Questionnaire