



DRICKARDTM Insurance



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www.drickardinsurance.com

Instructions & Notice: Please complete the following to the best of your knowledge, then email to insurance@drickardinsurance.com. The form will be sent to our agents to review and provide you with premium indications from our many insurers as available based upon your property's qualities. This is a request for a premium indication, not an application for insurance. This agency is paid commissions to sell insurance.

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	Basement Area
Apartments	_____	_____	Finished? _____
Mercantile	_____	_____	Attic Area
Offices	_____	_____	Finished? _____
Other _____	_____	_____	Number of Stories
Other _____	_____	_____	_____
Total	_____	_____	_____

Occupancies Description: _____ Outbuildings? _____

Leases: _____ Tennant Insurance Copies Required: _____

Animals at location: _____

Year Built	Updates	What	When
_____	Electric	_____	_____
_____	Heat	_____	_____
_____	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 Cancellation: _____

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

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