



DRICKARDTM Insurance



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Instructions & Notice: Please complete the following to the best of your knowledge, then push the submit button. 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? _____ # of Deeds _____

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	_____	_____
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 Cancellation: _____

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

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