



DRICKARDTM Insurance



PO Box 900, Oxford, NY 13830

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

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.

If we find an ideal solution, when will the buy the policy? _____

Contact:

Name: _____
 Mailing Address: _____ Distance to location: _____
 Phone Numbers: _____ Email: _____
 Would you like to subscribe to our income property owner newsletter? _____ Number of Locations _____
 Contact's relationship to property: _____ Is there a property manager? _____
 Name(s) property deeded in: _____ Members: _____
 Do you collect or store client information or take payments using electronic devices? _____

Location:

Location address: _____ State _____ ZIP _____ County _____
Construction: Frame _____ Joisted Masonry _____ Masonry _____ Fire Resistant _____
Occupancy **Number of** **Square Ft** **Basement Area**
 Deeds _____ Finished? _____
 Apartments _____ **Attic Area**
 Mercantile _____ Finished? _____
 Offices _____ **Number of Stories**
 Other _____
 Other _____ Two Egresses Per Floor? _____
 Occupancies Description: _____ Outbuildings? _____
 Lease Term: _____ Tenant Insurance Required? _____ AI Required? _____
 Animals at location: _____

Updates:

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

Safety:

Protection: Fire Extinguishers _____ Smoke Detectors _____ CO _____ Fire Escape _____ Sprinkler % _____
 Smart Devices _____ Other _____
 Security Systems _____
 Closest Fire Department Name: _____ Road Miles To: _____ Feet to Closest Fire Hydrant: _____

Coverage Desired:

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

Deductible Desired: \$ _____ Highest \$ _____

History:

Current Coverage: _____ In Cancellation: _____

Escrow or Mortgagee Billed? _____

When Purchased? _____ Purchase Price? \$ _____

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

Notes: