

**The Insurance Store, Inc.**  
**WIND & HAIL COVERAGE QUOTE REQUEST FORM**

Please read carefully and complete all sections

**SECTION 1 - Producing Agent**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Agent Number: \_\_\_\_\_  
Telephone: (Work) \_\_\_\_\_  
(Fax) \_\_\_\_\_  
(Email) \_\_\_\_\_

**Begin with Page 3** (property value breakdown)

**SECTION 2 – Applicant SECTION 2**

Account Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Suite / Building #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

**SECTION 3 – Building Information (if different from above)**

Location #: \_\_\_\_\_ County: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Suite / Building #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

**Construction Class: (Check One)**

<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Non-combustible
<input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Masonry–Non-Combustible
<input type="checkbox"/> Joisted Masonry – Tilt Up	<input type="checkbox"/> Modified Fire Resistive
<input type="checkbox"/> Joisted Masonry – Reinforced Masonry	<input type="checkbox"/> Fire Resistive
<input type="checkbox"/> Joisted Masonry – Unreinforced Masonry	<input type="checkbox"/> Modular

Year Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_  
Total Square Feet: \_\_\_\_\_

**Parking Class:**

<input type="checkbox"/> None	<input type="checkbox"/> Tuckunder – 2 sides
<input type="checkbox"/> Detached	<input type="checkbox"/> Full Subterranean
<input type="checkbox"/> Attached – No Structure Above	<input type="checkbox"/> Partial Subterranean
<input type="checkbox"/> Habitational Over Garage (HOG)	<input type="checkbox"/> First Floor Parking
<input type="checkbox"/> Tuckunder – 1 side	<input type="checkbox"/> Soft First Floor

Is the building bolted to the foundation?    Y / N    (wood frame and modular only)

FAX to: 425.392.4511

Occupancy: (Check One)

Agri-Business

Restaurant

Apartment

Retail

Condominium Assoc.

Hotel / Motel

Manufacturing

Office

Public Building

School

Service

Warehouse

Wholesale

Explain the Occupancy in detail required):

**REQUESTED COVERAGE:**  Earthquake Only   D.I.C. (Earthquake & Flood)

Building: \_\_\_\_\_ (100% replacement cost, same as Farmers policy)

Business Property: \_\_\_\_\_ (100% replacement cost, same as Farmers policy)

T. I. & B. \_\_\_\_\_ Tenant Improvements & Betterments (location)

BI/EE: \_\_\_\_\_ Business Income & Extra Expense (per location)

APC: \_\_\_\_\_ Additional Property Coverage (per location)

Pools

Fences

Paved Surface

TIV \$ \_\_\_\_\_ Total Insurable Values

Mold Clean-up & Removal Coverage:

\_\_\_\_\_ None

\_\_\_\_\_ \$10,000 (Building only)

Ordinance or Law Coverage:

\_\_\_\_\_ None

\_\_\_\_\_ 10% of building value

\_\_\_\_\_ 20% of building value

Building Shape: \_\_\_\_\_ Regular \_\_\_\_\_ Irregular \_\_\_\_\_ Unknown

Setbacks or Overhangs: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

Earthquake Sprinkler Leakage: Y / N

Deductible Option:

2%  7 1/2%  15%

5%  10%  20%

Insured's Interest:

Tenant   Owner

Effective Date: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_



**FAX to: 425.392.4511**