



Legal Business Name:

Address:

City: State: County: Zip:

Phone Number: Fax Number: Email:

Office Contact:

Legal Entity: Individual Partnership Corporation Other

BUILDING INFORMATION:

Year Built: Number of Stories: Total Building Sq. Footage:

Total You Occupy: Is this a condo unit? Number of Units:

Do you own your unit? Does the condo association cover the building?

Do you own the building? If Yes, Value is \$_____

What is the replacement cost of the contents \$

What is the cost of the build-out of the office (if applicable)? \$

Total of Build-out & Contents or Amount you would like me to quote \$

Is the building in the course of construction? Do you have an elevation certificate?

(An elevation certificate is required if the property is in a flood zone)

Is the flood policy required by your lender?

If yes...

Name: Address:

Disclaimer: Any incomplete or missing answers can delay processing and inaccurate quotes. This also can result in claims being reduced or declined so please complete the entire questionnaire accurately. Any loan agreements with specific insurance requirements should be included with this questionnaire. Please do not assume all coverages are automatically included in a policy.

Please complete this form and submit by email to insurance@fdaservices.com. Once we receive your request, an agent will reach out to you for any further information required.

Please call us at 800.877.7597 if you have any questions or need help completing this form.

The data collected on this form is for information purposes only in order for us to provide you a quote. No coverage is in force until a policy is issued.