

DRickard Insurance

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[DRickard Insurance.com](http://DRickardInsurance.com)

Instructions: Please complete the following to the best of your knowledge, then push the submit button and the form will be sent to our agents to review and provide you with a premium indication with our many insurers as available based upon your property's qualities. This is a request for a premium indication, not an application for insurance. To provide an accurate rate indication, we ask you a series of questions and insurers will confirm some of this information through consumer reports, which may include credit information. Future reports may be used for an update, renewal or extension of insurance. They will provide the source of these reports if you are interested. The information you provide us will be available to chosen insurers, their affiliates, and our affiliated companies. This agency is paid commissions to sell insurance.

Name: _____
Mailing Address: _____
Phone Numbers & Email: _____
Contacts Relationship to property: _____
Name(s) Property Deeded in: _____
Location Address: _____

| Occupancies | Number of | Square ft | Basement Area |
|----------------------|--------------|-----------------------|--------------------------|
| Apartments | _____ | _____ | _____ |
| Other _____ | _____ | + _____ | _____ |
| Other _____ | _____ | + _____ | Attic Area |
| | Total | = _____ | _____ |
| Purchase Price | _____ | | Number of Stories |
| Est. Materials Cost | + _____ | Estimated Date | _____ |
| Est. Labor Cost | + _____ | of Completion | _____ |
| Total Project Cost | = _____ | _____ | _____ |
| Total Scope of Work: | _____ | _____ | _____ |

What will be the purpose/occupancy of the finished building? _____

The status of the building at the end of the project will be: _____

| Year Built | Updates | When | What |
|------------|----------|-------|-------|
| _____ | Electric | _____ | _____ |
| | Heat | _____ | _____ |
| | Roof | _____ | _____ |
| | Plumbing | _____ | _____ |

Construction: Frame _____ Joisted Masonry _____ Masonry _____ Fire Resistant _____

Describe any **losses** in the last 5 years*: _____

Animals at location: _____

Protection: Fire Extinguishers _____ Smoke Det. _____ CO² _____ Fire Escape _____ Other _____

Closest Fire Department Name: _____ Road Miles To: _____ Feet to Closest Fire Hydrant: _____

Coverage Desired: Deductible Desired: \$ _____ Highest: \$ _____

Building _____ Uninstalled Materials _____ Liability _____ Medical Expense _____

\$ _____ \$ _____ \$ _____ \$ _____

Current Coverage: _____ In Cancellation: _____

* At any location you have a financial interest in.

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