



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: