



PERSONAL LINES PROPERTY QUICK QUOTE INDICATION (Fillable Format)

Email: plquotebind@arlingtonroe.com

This is an **indication** only. Please call 800-878-9891 for pre-qualification.

Agency Information

Agency Name: _____ Code: _____ Phone: _____

Agency Contact Name: _____ Email: _____

Applicant Information

Name: _____

Date of Birth: _____

Social Security #: _____

Occupation: _____

Location address: (include city, state and zip and county)

Notes: _____

Proposed Effective Date: _____

Prior Carrier: _____

Expiration/Cancel Date: _____

Reason for Lapse/Cancellation: _____

Mailing Address: (include city, state and zip and county)

Dwelling Type

Manufactured Home	In Park	<input type="checkbox"/>
	Outside	<input type="checkbox"/>
Homeowner (HO3 or HO8)		<input type="checkbox"/>
DP-1		<input type="checkbox"/>
DP-3		<input type="checkbox"/>
Tenant / Renters (HO4)		<input type="checkbox"/>
Condo (HO6)		<input type="checkbox"/>

Occupancy

Owner/Primary	<input type="checkbox"/>
Tenant-occupied	<input type="checkbox"/>
Seasonal/Secondary	<input type="checkbox"/>
Vacant	<input type="checkbox"/>
Date became Vacant:	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	
Under Renovation	<input type="checkbox"/>
Amount of Renovation:	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	

Basic Dwelling Info

Year Built: _____ SQ Footage: _____
 MH Length: _____ Width: _____
Construction:
 Frame Masonry Masonry Veneer Log Other
of Families: 1 2 3 4 5+
Protection Class: * _____
Miles to Fire Dept: _____ **Feet to Hydrant:** _____
** If class 9 or 10 complete the unprotected questionnaire*
 Inside City Limits: Yes No
 Type of Foundation: _____
 Type of Roof: _____
 Supplemental Heat: Yes No
 If New/Recent Purchase
 Purchase Price: _____ Purchase Date: _____

Coverage

		Valuation: (Choose one)
Dwelling Limit	\$	RC <input type="checkbox"/> ACV <input type="checkbox"/>
Other Structure	\$	
Personal Property	\$	RC <input type="checkbox"/> ACV <input type="checkbox"/>
Loss of Use/Rental Value	\$	
Premises/Personal Liability	\$	
Medical Payments	\$	
Deductible	\$	
Optional Coverages/Discounts		
VM&M <input type="checkbox"/>	Personal Injury: <input type="checkbox"/>	Water Backup <input type="checkbox"/> Limit: \$ _____
EQ: <input type="checkbox"/>	ID Fraud: <input type="checkbox"/>	ERC: 25% <input type="checkbox"/> 50% <input type="checkbox"/>
Central Station: Fire: <input type="checkbox"/> Burglar: <input type="checkbox"/> (mark only if it applies)		

UPDATES	Partial	Full	None	Date
WIRING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PLUMBING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ROOF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Updates & older home questionnaire required if 35 years & older

Any of the following?	Yes	No
Bankruptcy in last 7 years	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos?	<input type="checkbox"/>	<input type="checkbox"/>
Business on Premises?	<input type="checkbox"/>	<input type="checkbox"/>
Unfenced Swimming Pool?	<input type="checkbox"/>	<input type="checkbox"/>
Slide or Diving Board?	<input type="checkbox"/>	<input type="checkbox"/>
Any Fuses or Knob & Tube	<input type="checkbox"/>	<input type="checkbox"/>
Animal on Property	<input type="checkbox"/>	<input type="checkbox"/>
More than 5 acres of land:	<input type="checkbox"/>	<input type="checkbox"/>
If over 5 acres, # of acres: _____		

Other Underwriting Info

Loss History – prior 5 years, at this location or any location the client owns. If no losses in the last 5 years, check here:

Date of Loss	Cause of Loss	Description of Loss	Amount Paid	Open	Closed	Repairs Made

UNPROTECTED RATING QUESTIONNAIRE

1. Name of Responding Fire Department _____
Phone Number _____
Contact _____
Protection Class _____

2. Paid or Volunteer _____
Response Time _____
Are roads paved and accessible year-round? _____
Any physical barriers? _____
Number of pumpers and pumping capacity (in gpm): _____
Number of tankers and capacity: _____

3. Is there a public hydrant w/in 1000 feet from the home? _____
If not describe the water source _____
Distance from dwelling _____
Amount of water available _____
Accessible by the Fire Department year-round? _____
Dry Hydrant installed? _____

4. Any full-time or live-in employees _____
Is dwelling occupied daily? _____
Central Station Fire and Burglar alarm system installed and monitored? _____
Dwelling visible to neighbors? _____

5. Comments: _____

**LEXINGTON INSURANCE COMPANY
OLDER HOME QUESTIONNAIRE**

Dwellings greater than 35 years of age will be considered for the Lexington Homeowner and Dwelling Property programs depending on the specific types of updates and condition of the roof, wiring, plumbing and heating systems. Please provide answers to the following questions.

1. Roofing: Roofing is less than 35 years old and in good condition? Yes_____ No_____
- If no, specify year of roof replacement and condition Year_____
- Condition_____
2. Wiring: a. Electrical service is fully updated to 100 Amp or greater, including U/L Approved copper wiring, and circuit breakers of proper amperage? Yes_____ No_____
- b. Any knob and tube wiring? Yes_____ No_____
- If yes, approximate percentage still in use? _____%
- c. Wiring and electrical system is in good condition and has not been subject to arcing, shorting out, persistent circuit breaker tripping or resulting property damage losses? Yes_____ No_____
3. Plumbing: a. Plumbing, including hot water heater, is in good condition and free of leakage, rupturing or resulting water damage losses? Yes_____ No_____
- b. Any cast iron or lead plumbing still in use? Yes_____ No_____
- If yes, approximate percentage still in use? _____%
4. Heating: a. Heating system in good condition and regularly serviced by a licensed professional? Yes_____ No_____

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and give my consent to such inspection.

Name of Applicant: _____ Name of Producer: _____

Location Address of Premises Requested for Coverage: _____

Signature of Applicant: _____ Date: _____

Disclaimer

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Signature

National Producer Number (Required in Florida)

Producer's Signature

Applicant's Signature

Producer's Name (*please print*)

Date

State Producer License Number