



Condo Insurance Quote Request

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Coverage is not bound until we instruct you so and a binder or policy has been issued. Type or print and fax to us

CONTACT INFORMATION:

Name: Home Ph:
Street Address: Unit #
City: State: Zip:
Social Security #: DOB: Occupation:
Employer: Home Ph: work Ph:

SPOUSE INFORMATION:

Name: Social Security#: Work Ph:
DOB: Occupation: Employer:

PROPERTY INFORMATION:

a. How many units in the complex: c. Is there a fire wall between units?
b. No. of units per Building? d. Is there an Apartment or Condo Association?

RATING INFORMATION:

1. What year was this dwelling built? 2. Do you have a fireplace?
3. What type of dwelling?
4. What type of construction?
5. Do you have a woodstove? 6. Do you have security alarm?
7. What is primary source of heat?
8. What is the secondary source of heat?
9. Have you had any losses in the last 3 years?
10. Do you have Condo Insurance now? 11. Do you own pets?

COVERAGE INFORMATION:

1. What is the total value of your personal property? \$ 2. Do you want earthquake coverage?
3. Do you have collections worth over \$500?
4. Do you have single piece(s) of jewelry valued over \$500?
5. Do you have work tools that need coverage?
6. Do you operate a business out of your residence?

ADDITIONAL INSURED:

Name: Phone: Fax:
Address: City: State: Zip:
Account or Loan #:

LIENHOLDER/MORTGAGE INFO:

Name: Phone: Fax:
Address: City: State: Zip:
Loan Number: Is building? Owned Leased
Legal description:

Additional comments or special circumstances or coverage needs?