

INSURANCE MARKETS UNLIMITED

PO Box 756 Yoakum, Texas 77995 Phone:1-888-468-8835 Fax:1-888-329-4684 E-mail: IMU@Hochheim.com

Dwelling Fire Quote Request Form

Name Insured _____ Effective Date _____

Mailing Address _____

Property Address _____ SS # _____ DOB _____

Town _____ County _____ Zip Code (mandatory) _____

Occupation _____

Inside City Limits Yes NO Protection Class _____

If outside, city, distance to Fire station _____ To hydrant _____ Responding dept _____

Construction: BV FRAME ASB or STUCCO Sq. Ft _____ # of Stories _____

Year Built _____ Age of Plumbing _____ Age of Roof _____ Age of Wiring _____

Woodburning Stove Yes No Fireplace Yes No Distance to Gulf/Body of Water _____

Any Business Conducted on Premise? Yes No If Yes, explain _____

No. of square feet _____ Customer on Premise Yes NO GL policy in force Yes No

Any Animals on Premises? Yes No If so, What Type? _____ If a Dog, What Breed or mix _____

(We cannot accept Mixed, Mutt or Heinz 57 for breed. If unable to describe, provide a photo.)

Has the insured filed bankruptcy in the past three years? Yes No If Yes, explain _____

New Purchase? Yes NO Cost, less land value \$ _____ Dwelling on more than 5 acres? Yes No

Is Property Under Contract of Sale? _____ To Whom? _____

Occupied by: Owner Tenant Seasonal Vacant 1-2 Family 3-4 Family

If Vacant, How Long has it been vacant? _____ Foreclosed? Yes

Why Vacant?(i.e- insured's Death, Transfer, etc) _____

Who Checks on Property _____ How Often _____

Type of foundation: Slab Pier & Beam Stilts Enclosed? Yes No

Policy EXCLUDES Trampoline, Animal Liability, Mold

Accidental Discharge of Water Loss (Unless Purchased).

Amount of Coverage:

Forms:

Dwelling \$ _____ TDP-I: Fire, EC, V&MM(optional)

Contents \$ _____ TDP-2: Fire, EC, V&MM, AEC, (circle- ACV or RCV basis)

Liability \$ _____ # Acres _____ TDP-3: Fire, EC, PLF, (RCV basis)(Owner & Tenant Dwelling)

Amount of Accidental Discharge of Water \$ _____ (\$20,000 Max with no losses)

Other Structures (Specify) _____

Non Renewed or Cancelled? _____ (explain) _____

Previous Carrier _____ Expiration Date _____

Number of Claims in the last five years? _____ List them below:

Claims Date Type Loss/Description Amount of Loss Open/Closed

Remarks _____

Agency requesting quote from Insurance Markets Unlimited:

Agency Name _____ Phone _____ Fax _____

Contact Name _____ Contact E-Mail _____

FOR QUOTE PURPOSES ONLY. MUST BE FULLY COMPLETE. THIS IS NOT AN APPLICATION.