

# INSURANCE MARKETS UNLIMITED

PO Box 756 Yoakum, Texas 77995 Phone:1-888-468-8835 Fax:1-888-329-4684

## Tenant Homeowners Quote Request Form

Name Insured \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address: \_\_\_\_\_ # \_\_\_\_\_

Town \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip (Required) \_\_\_\_\_

Occupation \_\_\_\_\_

Type of Risk: Apartment  Condominium  1-2 Family Dwelling  Mobile Home

Is named insured: Owner  Tenant  Is residence on more than 5 acres? Yes  No

If owner occupied, is it the primary or secondary residence? Primary  Secondary

Name of Apartment/Condominium (Required) \_\_\_\_\_

Property Address: \_\_\_\_\_ # \_\_\_\_\_

Town \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip (Required) \_\_\_\_\_

Construction: Brick  Brick Veneer  Asbestos/Stucco  Frame  PPC Code \_\_\_\_\_

Security: Burglar-No Alarm  Local Alarm  Remote Alarm  Central Alarm  Monitored by \_\_\_\_\_

Fire - No Alarm  Local Alarm  Remote Alarm  Central Alarm  Monitored by \_\_\_\_\_

Any Animals on Premises? Yes  No  If so, What Type(s)? \_\_\_\_\_ If Dog(s), What Breed(s) or Mix \_\_\_\_\_  
(We cannot accept-Mixed, Mutt or Heinz 57 for breed. If unable to describe, provide a photo.)

Any Business Conducted on Premise? Yes  No  If Yes, explain \_\_\_\_\_

No. of square of feet \_\_\_\_\_ Customer of Premise Yes  No  GL policy in force? Yes  No

Any Child Care/Day (-are Activities? Yes  No  If Yes, explain \_\_\_\_\_

Additional Information or Remarks: \_\_\_\_\_

Bankruptcy In Last Three (3) Years? Yes  No  \_\_\_\_\_

### AMOUNT OF COVERAGE DESIRED

Coverage B Personal Property \$ \_\_\_\_\_

Theft Limitation \$ \_\_\_\_\_

Personal Prop. Off-Premises \$ 1,000

Replacement Cost (HO-101) OR  ACV (If not checked: ACV will be given)

**Deductible is 1%, Minimum \$500**

Section 11 - Liability Amount of Water Buyback \$ \_\_\_\_\_

Coverage C, personal Liability \$100,000

Swimming Pool Liab. Limitation \$ 25,000

Coverage D Medical Payments \$ 1,000 per person

Additional Endorsements: \_\_\_\_\_

Policy **EXCLUDES** Trampoline, Animal Liability, Mold, Accidental Discharge

### CLAIMS HISTORY-6 YEARS

Date \_\_\_\_\_ Type of Loss \_\_\_\_\_ Amount of Loss \_\_\_\_\_

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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**