

Office Building Questionnaire Request for Quote

Please provide us with the following information so we can provide you with a competitive quote for insurance. If any information is unavailable, please write "Unavailable." Do not hesitate to call with any questions. We appreciate the opportunity to provide you with a quote.

Your Name: _____

Email: _____

Bus. Phone: _____

Cell Phone: _____

Property Address: _____

Effective Date of Current Policy: _____

Number of Buildings: _____ Total S.F.: _____

Number of Stories: _____ Number of Elevators: None _____

Roof Type: Flat Tile Combination

Parking: Subterranean On grade below units Open

Other _____

Building Fire Alarms: Yes No

Smoke Detectors in Units: Hard Wired Battery None

Building Sprinkler System: Yes No

Is your property managed by a professional property management company? Yes No

Do You Need Coverage For:

- Earthquakes Yes No
- Employee Dishonesty Yes No
- Flood Yes No
- Workers' Compensation Yes No

Any Claims Last 3 Years Yes No

If Yes, please describe:

Any Litigation Filed Last 3 Years Yes No

If Yes, please describe:

Comments:

Things we will want to see:

- Plot plan
- Current Insurance Declaration page

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