



COMMERCIALS AND RESIDENTIALS BUILDING QUOTE

Condominium Name/Nombre Condominio: _____

Address/Direccion _____

City _____ State _____ Zip Code _____

of story/# pisos _____ Units/unidades # _____

Years construction/Año contruccion _____

Square Feet/Superficie _____

Construction/ Construcccion CBS _____ Other _____

Type roof/tipo techo. Flat/Plano Other _____

Fire Detector/Sistema riego contra incendio Yes No

Current Insurance/Actual Seguro _____

_____ Expiration date/fecha expiracion _____

Do you have a new appraisal? Yes No If yes send us a copy by fax or E-Mail

Tiene una peritacion reciente? SI No Si si, mandenos copia por fax o E.Mail

Flood Insurance/poliza de inundacion Yes No

Send us this application with a copy of your current insurance policy and we will come back to you with our best quote