

Brokerage **Huckaby Insurance Services**

Lic. # 04401234

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Website Huckabyins.com

Equipment & Inventory

Quote Application

INSTRUCTIONS

If a question is not applicable mark it NA or put a line through it, but do not leave it blank. If there is insufficient space for any answer please use a separate sheet of paper. If you have any questions please call us toll free using the phone number above. Information provided in this application will be **HELD IN CONFIDENCE** and shared only with Insurance providers from which we seek quotes.

APPLICANT INFORMATION

List named Insured/s and DBA - Individual ___ Corporation ___ Partnership ___ Joint Venture ___ Other ___

Contact Person _____ Title _____

Mailing Address _____ State ___ Zip Code _____

Email Add _____ Website Address _____

Ph# _____ Cell # _____ Fax # _____

Location of Property to be insured

Location 1 _____ State ___ Zip Code _____

Date Purchased _____

Purchased Price \$ _____ Current Market Value \$ _____ Replacement Value \$ _____

Year Built _____ Type Construction _____ # Stories ___ Total Area _____

Within City limits? (Y) (N) Fire District _____ Distance to fire hydrant ___ Fire Station _____

% Sprink ___ Alarmed (Y) (N) If yes, Fire ___ Theft ___ Local ___ Central ___

If central alarm who provides monitoring service _____

Year last updated

Wiring _____ Plumbing _____ Heating _____ Roof _____ Remodeled _____

Type Roof Composition ___ Shingle ___ Tar & Gravel ___ Other ___ explain _____

Flat ___ Pitched/ Sloped ___

Building's Use

Residential _____ Commercial _____ If commercial, # of tenants _____ List types of business below

Facing building Explain surrounding exposures

Left exposure and distance _____ Ft _____

Right exposure and distance _____ Ft _____

Front exposure and distance _____ Ft _____

Rear exposure and distance _____ Ft _____

Total Inventory Value \$ _____

Total Equipment Value \$ _____

List and number equipment items and value that requires Lessor or Losspayee / lienholder Certificates

ADDITIONAL INTERESTS / CERTIFICATES RECIPIENTS

Additional Insured's / Lessor's names and addresses with number of equipment item _____

Lienholders names and addresses with number of equipment item _____

List any Losses Last 3 Years

Location 2 _____ State ____ Zip Code _____

Date Purchased _____

Purchased Price \$ _____ Current Market Value \$ _____ Replacement Value \$ _____

Year Built _____ Type Construction _____ # Stories _____ Total Area _____

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ADDITIONAL INTERESTS / CERTIFICATES RECIPIENTS

Additional Insured's / Lessor's names and addresses with number of equipment item _____

Lienholders names and addresses with number of equipment item _____

List any losses Last 3 Years

Signature **X** _____ Date _____

Duplicate pages numbers 3 and 4 for additional buildings/locations

Send completed forms to Email Address info@huckabyins.com

Fax toll free: 408-266-4555 local Fax toll free to: 888-266-0067