

Brokerage **Huckaby Insurance Services**

Lic. # 04401234

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Morgan Hill Ca. 95037

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**Building / Property**

**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 # \_\_\_\_\_

**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 \_\_\_\_\_

**Prior Insurance**

Insurance Company \_\_\_\_\_ Expiration Date \_\_\_\_\_ Premium \_\_\_\_\_

Building Coverage Amount \$ \_\_\_\_\_ Liability Limit \_\_\_\_\_

**Indicate other coverage/s you may need/want.**

Equipment: Value \$ \_\_\_\_\_

Inventory: Value \$ \_\_\_\_\_

**ADDITIONAL INTERESTS / CERTIFICATES RECIPIENTS**

Additional Insured's names and addresses \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mortgagees names and addresses \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**List Building 1 Losses (types and amounts) Last 3 Years**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Location 2** \_\_\_\_\_ 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 \_\_\_\_\_

**Prior Insurance**

Insurance Company \_\_\_\_\_ Expiration Date \_\_\_\_\_ Premium \_\_\_\_\_

Building Coverage Amount \$ \_\_\_\_\_ Liability Limit \_\_\_\_\_

**Indicate other coverage/s you may need/want.**

Equipment: Value \$ \_\_\_\_\_

Inventory: Value \$ \_\_\_\_\_

**ADDITIONAL INTERESTS / CERTIFICATES RECIPIENTS**

Additional Insured's names and addresses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mortgagees names and addresses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List Building 2 Losses (types and amounts) 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](mailto:info@huckabyins.com)**

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