



Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Coverage Basics**

Please refer to your policy when completing this form

Is the named insured accurate as shown on the policy?  
If no, please state correct name: \_\_\_\_\_  YES  NO

Are there other ownership interests we should name?  
If yes, please state name(s): \_\_\_\_\_  YES  NO

Is the building address shown correctly?  
If no, please provide correct address: \_\_\_\_\_  YES  NO

Are your Buildings Insured at 100% of their cost to replace? (select "no" if unsure)  
(If building limits are under-valued, a negative claims adjustment will occur.) \$ \_\_\_\_\_  YES  NO

Did you include Remodeling & Upgrades in your valuations?  
If no, what value would you put on these upgrades \$ \_\_\_\_\_  YES  NO

Is your Loss of Rents value correct?  
If no, please list your annual rental income \$ \_\_\_\_\_  YES  NO

What is the value of freestanding, unattached property (stoves, refrigerators, chairs, etc) in the  
units and common areas that is there for the use of the renters? \$ \_\_\_\_\_

Have you updated any of the following: roof, plumbing, heating/ac, wiring?  
If yes, please list types: \_\_\_\_\_  YES  NO

Do you own or occupy any locations that are not shown on your policy?  
If yes, please describe: \_\_\_\_\_  YES  NO

Is Water Damage (other than flood) a peril that could cause you harm?  YES  NO

**Special Form Protection Coverage**

Most policies are provided with Special Form Protection against all direct damage except as specifically excluded. Earthquake, flood, mold and employee theft are primary exclusions. See contract for additional exclusions and limitations.

Do you want Sewer and Drain Backup coverage at an additional cost?  
(This coverage is generally excluded or limited)  YES  NO

Are you interested in Flood insurance offers?  YES  NO

Are you interested in Earthquake insurance offers?  YES  NO

Is Inflation Guard for your Building relevant to your needs?  
(This is automatic; quarterly increases insurance)  YES  NO

Do you have large values in electrical machinery or power panels?  
What is the value of your Boiler Machinery and Electrical equipment? \$ \_\_\_\_\_  YES  NO  
(This is protection for damage from breakdown of boilers or electrical power panels & equipment)

Do you need Ordinance or Law endorsement?  
(Pays for the cost of Building upgrades due to changes in building codes. Typical policies pay only  
to repair "like kind & quality"; this is a protection upgrade)  YES  NO

Do you have any outdoor signs that you are responsible to repair?  
What is the value per sign? \$ \_\_\_\_\_  YES  NO

Do you have any awnings?  
What is their cost to replace? \$ \_\_\_\_\_  YES  NO

Do you wish additional coverage for Exterior Glass Breakage? If yes, do you wish to include Lettering? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you allow pets on your premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have extensive landscaping? Value of Landscaping: \$ _____ (Unaltered policy traditionally limits coverage)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there Swimming Pools on premises? Please indicate features: <input type="checkbox"/> fenced <input type="checkbox"/> automatic locked entry & exit <input type="checkbox"/> diving board <input type="checkbox"/> slide	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you want Tenant Discrimination protection? (Tenant Discrimination claims against landlords are on the rise, and this protection is not part of your standard apartment insurance coverage) How many total units do you own? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is Mold Liability a concern to you? (Excluded or limited coverage under most policies, we can send mold prevention materials if desired.) Separate coverage available; minimum cost = \$11,000, minimum deductible: \$25,000	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your building equipped with sprinkler/fire suppression system? Please identify which building(s), and percentage covered: _____ Is the sprinklers system alarmed? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, please name system and monitoring company: _____ (Be aware that the policy will warrant that the system is always working)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the building have any type of security devices/systems in place? If yes, please describe: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a resident manager you compensate with free rent? If yes, you still must carry Workers' Compensation.	<input type="checkbox"/> YES <input type="checkbox"/> NO

**AGENCY GRADE CARD**

**How are we doing?** Your comments are the most valuable information we have in helping us provide better service to you in the future. Please take a moment to tell us.

1. If you had to grade our agency's overall performance in providing the service you expect from us, what grade would you give? **A B C D F**  
(Check one)

2. If you circled anything less than an A, what would you like us to add or improve to better serve you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Please tell us** what you like about doing business with Driscoll & Associates?  
\_\_\_\_\_  
\_\_\_\_\_

**This Form was completed by (please print)** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I have questions and would like to be contacted to discuss my insurance.  Yes  No