



DRISCOLL
Landlords Quick Quote
(1-4 Units)

Send Completed Quote Form to:
(562) 252-8711, quotes@driscollinsured.com
or online at driscollinsured.com/landlord

CONTACT INFORMATION

Name _____ Date of Birth _____
 Is the dwelling deeded in a name other than an individual(s)? yes no
 If yes, please list: _____
 Phone _____ Fax _____ E-mail _____
 Is there a Property management co.? Yes No If yes, who: _____

DWELLING INFORMATION

Property Address: _____ Purchase Date: _____
 City _____ State _____ Zip Code _____
 Year built _____ Construction Type: _____ Exterior Type: _____
 Foundation Type: Slab Raised Basement Earthquake Retrofitted: yes no
 Square Footage: _____ Number of Stories: _____ Number of Baths: Full _____ 3/4 _____ 1/2 _____
 Number of Families (1-4): _____ Number of Residential Dwellings on same premises: _____
 Dwelling Occupancy: Vacant Rented Seasonal Vacation Home
 Garage Type: None Attached Detached Built-in Car-port How many spaces: _____
 Primary Heat Source Type: _____ Auxiliary Heat Source: _____
 Pool: yes no Jacuzzi: yes no Diving Board: yes no Slide: yes no

SAFETY FEATURES OF DWELLING

Gated Community? yes no Fire Sprinklers? Yes No _____% of dwelling
 Fire Alarm: None Local Central Reporting Burglar Alarm: None Local Central Reporting
 Indicate any other safety features (select all that apply):
 Smoke Detectors (battery) Smoke Detectors (wired) Bars on Windows and Doors
 Fire Extinguisher Dead Bolt Carbon Monoxide Detector

DWELLING IMPROVEMENTS

Roof Type: _____ Heating & AC Type: _____
 Wiring Type: _____ Plumbing Type: _____
 Update year or write "none": Wiring: _____ Roof: _____ Plumbing: _____ Heat/AC: _____
 Any renovation or construction work being performed? yes no If yes, please list costs and
 description of work: _____
 Work undertaken by Contractor? yes no What CGL Limits are carried by Contractor: \$ _____

TENANT SCREENINGS

Credit Check Criminal Background Check Eviction Search Skip Search None

COVERAGE DESIRED

Deductible: \$ _____ Flood or Earthquake Coverage? Yes No - Flood Earthquake

INSURANCE INFORMATION

Current Carrier: _____ Expiration Date: _____ Premium: _____
 Any Claims in last 3 years? yes no If yes, provide date, amount paid and description. _____