



Commercial Property Quote Form

Ownership Data		
Owner/Entity Name:		
Street Address:		
City	State:	ZIP Code:
Closing/Purchase Date:	Purchase Price:	Country:
Year Built:	Square Footage:	
Property Data		
Exterior Contraction: <input type="checkbox"/> Frame <input type="checkbox"/> Non Combustible <input type="checkbox"/> Masonry	Foundation: <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement	
# of Stories:	# of Units/Suites:	Foundation Material:
Requested Coverage Amount:		
Estimated Age of Roof:	Roof Material:	Year Roof Updated:
Age of HVAC System:		Year HVAC Updated:
Type of Wiring:	Circuit Breakers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Electric Updated:
Type of Plumbing:		Year Plumbing Updated:
Tenants and Operations		
Do you have multiple tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Vacant Space (SQ/FT)	Amount of Contents Coverage?
Do you use a property manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Property Manager:	Rental Income Amount (annual)?
Name and Operations of Tenants:		

NOTES: