

Condominium Unit Owner HO-6

Please provide the information below for a Quote.

TODAY'S DATE: _____

NAME: _____

PHONE: _____ EMAIL: _____

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____

OCCUPANCY: PRIMARY _____ SECONDARY _____ RENTAL _____

YEAR BUILT: _____ LOCATED ON WHAT FLOOR? _____

CONSTRUCTION: FRAME _____ BRICK _____

FOUNDATION: SLAB _____ RAISED PILING _____ CRAWLSPACE _____

UPDATES: ROOF _____ WIRING _____ HVAC _____ PLUMBING _____

ANY PRIOR INSURANCE CLAIMS? _____

IF SO, EXPLAIN: _____

