

COMPLETE INSURANCE BROKERAGE, LLC

FOR AN IMMEDIATE QUOTATION
COMPLETE AND FAX, EMAIL, OR DROP OFF

Date _____

Name _____

Business Name _____

Mailing Address _____

Business Address _____

Phone # _____ Fax # _____

Email Address _____ EIN _____

Current Building Coverage _____ Annual Rental Income _____

Annual Costs _____

Renovations Wiring Plumbing Roofing Heating

Building Construction Joisted Masonry Fire Resistive Frame

Building Deductible \$2,500 \$5,000 \$10,000

Building Occupancy Rental Apartments Co-op Condo

of Apartments/Units _____ # of Commercial Units _____

Financing Mortgaged Property No Mortgage

Mortgagee _____

Illuminated Exit Sign Yes No

Smoke Detectors Yes No

CO Detectors Yes No

Current Policy Expiration Date _____

Current Annual Premium _____

***For a more accurate quote attach a copy of the declaration page of your current policy.**