

ATTEN: Lisa Kern
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DRISCOLL INSURANCE AGENCY
(HO 6) CONDOMINIUM QUOTE REQUEST

Owner(s) Name _____

Mailing Address _____

Phone _____ Fax _____

Email _____

Ownership: Individual () Corporation () LLC () Other () _____

Condominium Address: _____

Name of Association _____

Year Built _____ Square Footage _____ Stories _____

Bedrooms _____ Baths _____ Other _____

Garage; (Circle) Attached Detached One Car Two Car

Year of Upgrades: Plumbing _____ Electrical _____ Roof _____

What is the value of your personal property? (furniture, contents , appliances, etc)

_____ Improvements? (fixtures, carpet, cabinets etc) _____

Smoke Alarm? Yes () (Circle) Battery or Hard wired

Fire Extinguisher Yes () Sprinklered? Yes () Dead Bolts? Yes ()

Burglar Alarm? Yes () Type ? _____

Desired Liability Limit: (Circle) \$300,000 \$500,000 \$1,000,000

Are you Interested in: (Circle) Earthquake? Flood? Loss Assessment?

Is this a rental? Yes () No () If yes, what is the monthly rent including fees? _____

Where is your primary residence insured? _____

Do you have a personal Umbrella? _____

Where are your personal Autos Insured? _____