



DRISCOLL
Commercial Building Owners
Quick Quote

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

CONTACT INFORMATION

Property Ownership Name _____
 Contact Name _____
 Phone _____ Fax _____ E-mail _____
 How do you prefer to be contacted? phone fax e-mail

BUILDING INFORMATION

Property Address: _____
 City _____ State _____ Zip Code _____
 Property Type? Office Shopping Warehouse Industrial Manufacturing Other _____
 Year built: _____ Square Footage: _____ # of Stories: _____ # of Buildings: _____ Year acquired: _____
 Construction Type: _____ Elevator: yes no
 Total # of Offices or Tenants: _____ Any Anchor Tenants? yes no If yes, whom: _____
 Parking Type: _____ # of Spaces _____

SAFETY FEATURES OF BUILDING

Fire Alarm Type: None Local Central Reporting
 Sprinklered? None Fully Sprinklered Halls, stairwells, and unit entrance Garage Only
 Percent of building: _____
 Managed by: Onsite Manager Owner Management Firm
 Indicate any other safety features (select all that apply):
 Illuminated exit signs Surveillance Panic hardware leading to roof Manual pull fire alarms
 Local enunciator panels Emergency back up lights other _____
 Do you provide any Security Service for the property? yes no If yes, type _____

BUILDING IMPROVEMENTS

Roof Type: _____ Heating & AC Type: _____
 Wiring Type: _____ Plumbing Type: _____
 Please list update year or write "none": Wiring: _____ Roof: _____ Plumbing: _____ Heat/AC: _____

COVERAGE DESIRED

Building Amount (refer to your current policy): \$ _____ Annual Rental Income: \$ _____
 Deductible: \$ _____ Liability Limit: \$ _____ Flood or Earthquake? Yes No F / EQ

INSURANCE INFORMATION

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

Note: Please provide a Tenant List (Rent Roll) indicating tenant name, square footage & rent for each tenant.