



PERSONAL LINES QUOTE SHEET

Virginia Office : 9030 Stony Point Parkway, #230 • Richmond, Virginia 23235

Toll Free: 866.654.9686 • Direct: 804.330.4652 • Fax: 804.330.9485

Email: plquotes@allrisks.com • Website: www.allrisks.com

For homes valued \$500,000+ Coverage A, please submit a completed Acord application.

Important: This quote is a non-binding price indication that is subject to a signed application and approval from our office.

Today's Date: _____

Agency: _____ All Risks Broker # _____

Contact: _____ Phone: _____ Fax: _____

Proposed effective date: _____ **No coverage is bound until confirmed by our office!**

Insured: _____ Occupation: _____

Location of Risk: _____

Primary Secondary Seasonal Tenant Vacant/Unoccupied Renovation & Est Cost _____

If Vacant/Unoccupied or Under Renovation, term desired: 3 months 6 months 9 months 12 months

Bankruptcy/Foreclosure/Repossession within the past 3 years? Yes No

Losses in Past 3 Years: _____ If None, check here: None

<u>Date of loss</u>	<u>Description</u>	<u>Amount paid or Reserved</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Deductible: All perils: _____ Wind/Hail: _____ Construction: _____ Protection Class: _____

Year Built: _____ Year Updated: Wiring _____ Plumbing _____ Heating _____ Roof _____

Wood Stove? Yes No Square Footage: _____ # of Stories: _____ # of Families: _____

Distance from coastal water (includes ocean, gulf, bay, or sound): _____

HO-3 _____ HO-4 _____ HO-6 _____ HO-8 _____ DP-1 _____ w/V&MM _____ DP-3 _____

<u>Coverage</u>	<u>Limits</u>	<u>Other Exposures</u>
Dwelling RC/ACV	_____	Pool? Yes <input type="checkbox"/> No <input type="checkbox"/> Fenced/Screened? _____
Other Structures	_____	Animals? Yes <input type="checkbox"/> No <input type="checkbox"/> Ever bitten? Yes <input type="checkbox"/> No <input type="checkbox"/>
Pers Prop RC/ACV	_____	Type/Breed _____
Loss of Use/Rents	_____	Circuit Breakers? Yes <input type="checkbox"/> No <input type="checkbox"/> If fuses, amperage: _____
Liability	_____	Business, Day Care or Farming? Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Payments	_____	Comment _____
Water Back Up	5k <input type="checkbox"/> 10k <input type="checkbox"/> 25k <input type="checkbox"/>	Central Station Fire Alarm? Yes <input type="checkbox"/> No <input type="checkbox"/>
(HO-3 and DP-3 only)		Central Station Burglar Alarm? Yes <input type="checkbox"/> No <input type="checkbox"/>

**Minimum Earned Premium 25% or \$100 ...
No Flat Cancellations are Permitted**

**Exclusions include, but are not limited to:
Animals, Mold, Lead Contamination, Pollution**