

## Commercial Property Insurance Quote

Henslee Insurance Agency, Inc.

Date			Phone #			E-Mail			
Name	ed Insured:								
DBA:	DBA: Social Security #								
Indivi	dual 🗌 C	Corporatio	n 🔲 Pai	rtnership	Joint Ve	enture 🔲 (	Other [		
Descr	ription Of C	perations							
Maili	ng Address								
iviaiiii	ng Address								
Physi	cal Address	including	g county a	and zip o	code:				
	e city limits	_	tside the						
# 01 S	tories & co	nstruction	(brick, fi	rame, et	c.)				
Squar	e Footage			Year	Built:	% O	ccupa	ncy	
Who	are the occu	upants							
If Over 20 yrs old has there been any updates to wiring or plumbing if so what year?									
Pluml	oing		Electrical		Water Hea	ter	A	/C	
Smok	e alarms	Yes $\square$ N	lo Is	Buildin	g Gas or Elec	etric:			
Does	building ha	ve an alaı	rm 🔲	Is it mo	nitored D	eadbolts [	]Fire ]	Ext 🗌	
_	nd Type (co		al, etc) of		1 1	1	• (1	4)	]
#of la	yers on roo	of		If met	al what is the	classificat	10n (1	-4)	
Apart	ment Build	ings # of	f units		# of pool	ls			
Prior	Carrier & E	Expiration	Date						
	wal Premiu								_

Losses to any property in the past 5 years, including date, cause, and amount paid:
Any damage to property:
# of feet to fire hydrant: # of miles to fire department:
# of feet to fire flydrant.
Building Value \$ Canopy \$
Contents \$ Pumps \$
Contents $\psi$
Business Income \$ Other \$
Glass \$
Coverage Form Basic Broad Special Including Theft
Valuation ☐ ACV ☐ RCV ☐ Wind/Hail ☐Yes ☐No Deductible
Send completed form to <u>hensleeinsurance@gmail.com</u> or fax to

(817)447-3743. You can call us at (817)447-2771

Thank You For Your Submission We Will Get Back To You Very Soon....