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## PROPERTY QUICK QUOTE APPLICATION

CUSTOMER \_\_\_\_\_ BROKER/AGENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

QUOTE NEEDED BY \_\_\_\_\_ CONTACT \_\_\_\_\_

INTENDED INCEPTION \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

FAX \_\_\_\_\_

Coverages Requested

Building  
 Boiler & Machinery

Personal Property  
 Business Income/Extra Expense

Description of Operations: \_\_\_\_\_

Loss Information Last 5 Years: \_\_\_\_\_

Current Carrier/Premium: \_\_\_\_\_

Deductible(s) Requested:  1,000  2,500  5,000  10,000  25,000

Perils: All Risk  All Risk including Flood and Earthquake

**SUBLIMITS:** Earthquake \_\_\_\_\_ Windstorm \_\_\_\_\_

Flood \_\_\_\_\_

### SALESPERSON'S SAMPLES

Description of Salesperson's Samples: \_\_\_\_\_

Salesperson's Samples Limit: \_\_\_\_\_

### TRANSIT

Description of Goods: \_\_\_\_\_ Mode of Transportation: \_\_\_\_\_

Limit Requested: \_\_\_\_\_ Destination of Shipments: \_\_\_\_\_

Estimated Annual Number of Shipments: \_\_\_\_\_ Annual Value of Shipments: \_\_\_\_\_

### PROPERTY ON EXHIBITION

Description of goods on exhibition: \_\_\_\_\_

Exhibition Limit: \_\_\_\_\_ Number of Annual Exhibitions: \_\_\_\_\_

Countries: \_\_\_\_\_

**CARGO**

Description of goods shipped: \_\_\_\_\_

Limit Requested: \_\_\_\_\_

Estimated Annual Number of Shipments: \_\_\_\_\_ Annual Value of Shipments: \_\_\_\_\_

Certificates Required:  Yes  No If "yes" a separate marine product is required.

**LOCATION INFORMATION**

(To be completed for each location to be insured or amend any spreadsheet to include all information)

**1. INSURABLE VALUES**

Building \_\_\_\_\_ (\$ value)

Machinery & Equipment \_\_\_\_\_ (\$ value)

Stock \_\_\_\_\_ (\$ value)

Merchandise \_\_\_\_\_ (\$ value)

Other Property \_\_\_\_\_ (\$ value)

Description of other property \_\_\_\_\_

Business Income including extra expense (Annual Values Only) \_\_\_\_\_ (\$ value)

Boiler & Machinery Sublimit \_\_\_\_\_ (\$ value)

**2. Complete Location Address (including postal codes)**

Address \_\_\_\_\_

City, State \_\_\_\_\_

Country, Postal Code \_\_\_\_\_

Country Tax ID \_\_\_\_\_

**COPE :**

**Construction**

-Year Built \_\_\_\_\_

-Type of Construction \_\_\_\_\_

-Type of Roof \_\_\_\_\_

**Occupancy**

-Occupancy of building \_\_\_\_\_

-Number of stories \_\_\_\_\_ Is there a basement?  Yes  No

-Square Footage of building \_\_\_\_\_  Owned  Leased

-If warehouse occupancy verify if sole-occupant or multi-tenants.  sole-occupant  multi-tenants

-If multi-tenants, list other occupants \_\_\_\_\_

-If a manufacturing occupancy, describe manufacturing processes \_\_\_\_\_

**Protection**

-Is the building sprinklered?  Yes  No

-What is the distance to the closest fire hydrant & fire station \_\_\_\_\_

-Other protection devices (fire alarm, burglar alarms, guards) \_\_\_\_\_

**External Exposure**

-What are the nearest occupants that surround the building? \_\_\_\_\_

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-Building Distance from the nearest body of water\_\_\_\_\_

Signed\_\_\_\_\_ Title\_\_\_\_\_ Date\_\_\_\_\_