

# Kimbrell Insurance Group

Phone: (800)849-3271 • Fax: (800)354-3573 • Email: Personal@kimbrellcompany.com

## LEXINGTON QUICK QUOTE FORM

Effective Date: \_\_\_\_\_ \*\*\*REQUIRED: Insured Phone #: \_\_\_\_\_

### INSURED INFORMATION:

Insured Name: \_\_\_\_\_ SSN: \_\_\_\_\_\*

Insured Occupation: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_\_\*

Spouse Occupation: \_\_\_\_\_ DOB: \_\_\_\_\_

\*Has insured given permission to run credit and CLUE reports using their SSN?  Yes  No

Mailing Address: \_\_\_\_\_ Risk Address (if different): \_\_\_\_\_

Risk County: \_\_\_\_\_ Producer Name: \_\_\_\_\_

Agency: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Agency Address/City/State: \_\_\_\_\_

### UNDERWRITING INFORMATION:

Yr Built: \_\_\_\_\_ If 15+ years, year updated/replaced: Roof \_\_\_\_\_ Elec. \_\_\_\_\_ Heat/AC \_\_\_\_\_ Plumb. \_\_\_\_\_

Heated Sq. Ft: \_\_\_\_\_ PC: \_\_\_\_\_ # Stories: \_\_\_\_\_ Dist. to Fire Dept: \_\_\_\_\_ Dist. to Fire Hydrant: \_\_\_\_\_

Frame  Masonry Res. Type:  Primary  Secondary  Rental weeks rented: \_\_\_\_\_  Vacant

Porches, Decks, or Cabanas:  Yes, Sq Ft: \_\_\_\_\_  No  Single Family  Condo  Townhouse

Garages:  Yes  No Attached?  Yes  No Size:  1 car  2 car  Other \_\_\_\_\_

Loss History (date/type/amount): \_\_\_\_\_

Any Dogs? (if yes, breed & bite history): \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Premium: \_\_\_\_\_

### PROTECTIVE DEVICES/CREDITS AVAILABLE: (check all that apply) *Proof Required*

- |  |   |
|--|---|
| <input type="checkbox"/> Central Fire Alarm    | <input type="checkbox"/> Sprinkler  |
| <input type="checkbox"/> Central Burglar Alarm | <input type="checkbox"/> Storm shutters or precut plywood   |
| <input type="checkbox"/> Hurricane Straps      | <input type="checkbox"/> Gated community (check one <input type="checkbox"/> patrolled <input type="checkbox"/> not patrolled)    |
| <input type="checkbox"/> Hip Roof              | <input type="checkbox"/> Caretaker/ Prop. Mgr (check one <input type="checkbox"/> resident <input type="checkbox"/> non-resident) |

### COVERAGE LIMITS

Dwelling (Cov. A): \_\_\_\_\_

Other Structures (Cov. B): \_\_\_\_\_

Personal Property (Cov. C): \_\_\_\_\_

Loss of Use (Cov. D): \_\_\_\_\_

Personal Liability (Cov. E): \_\_\_\_\_

Med Pay (Cov. F): \_\_\_\_\_

### DEDUCTIBLES

AOP: \_\_\_\_\_

Wind/Hail: \_\_\_\_\_ %

Earthquake: \_\_\_\_\_ %

### OPTIONAL ENDORSEMENTS:

- |  |  |
|--|--|
| <input type="checkbox"/> Personal Injury                               | <input type="checkbox"/> Water Backup              |
| <input type="checkbox"/> Increase Special Limits: Jewelry/Watches/Furs | <input type="checkbox"/> Special Computer Coverage |
| <input type="checkbox"/> 125% Extended Replacement Cost                | <input type="checkbox"/> Replacement Cost Contents |

Comments/ Additional Remarks: \_\_\_\_\_