

BFA Wholesale Insurance/Pinkham Agency

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QUICK QUOTE SHEET for Homes/Dwellings

Date: _____

Agency Name: _____ **Phone #** _____

Address: _____

Agency contact Name: _____ **Email:** _____

Named Insured(s): _____ **Email:** _____

DOB: _____ **Soc Sec #/FEIN:** _____ **Phn #:** _____ **Occupation:** _____

Mailing Address (Incl County): _____

Prior Add: _____

Property Location (Incl County): _____

Type of construction: _____ **Alarms/Sprinklers:** _____ **Heat Type(s):** _____

Dwelling \$: _____ **Deductible:** _____ **Contents:** _____ **Ded:** _____

Limits: Liability: _____ **Medical Payments:** _____

Claims: _____ **Occupancy:** _____

Year Built: _____ **Square Footage:** _____ **Type of Roof:** _____ **# of Flrs:** _____

of families/Apartments: _____ **Other Occupants:** _____ **Yrs at Address:** _____

Updates/Age of: Roof _____ Wiring _____ Heat _____ Plumbing _____

(Circle your answers): **Home/Dwelling** is? Detached or attached **Garage:** attached or detached / NONE

Is there a: **Pool?** Y N **Trampoline?** Y N **Business in Hm?** Y N **Pond?** Y N **Basement?** Y N

Oil Tank Loc.? _____ **Parking Lot:** _____ **Pets:** _____

Current Ins Co./Plcy #/Limits: _____

Coverage start / Exp Date: _____ Circle- **Your Insured is?** Owner or Tenant

Notes: