



RONALD DISKIN
ASSOCIATES CORP.
INSURANCE AGENTS • BROKERS • CONSULTANTS

Fax Transmittal

To:		From:	Ronald Diskin x11 rdiskin@rdains.com / (201) 213-6590 Cell
Fax:		Pages:	4
Phone:		Date:	
Re:		CC:	

Urgent !! **For Review** **Please Comment** **Please Reply**

● **Comments:**

Please complete the attached and fax back with a copy of your current policy if available.

In order for us to quote, we will need the following items completed:

- ITEM 1:** Completion of the Location Information Worksheet.
Please complete a worksheet for each location.
 OPEN RECEIVED
- ITEM 2:** Copy of the current property and liability policies showing what is to be covered.
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- ITEM 3:** Please complete the enclosed worksheet with the current and prior 4 years of loss experience in order for us to obtain loss runs for the property and liability. If owned less than 4 years please complete up to the date of purchase.
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If you should have any questions or concerns, please do not hesitate to call or email our office.

Location Information Worksheet

(Please complete for each location)

Effective
Date:

Named Insured: _____

Mailing Address: _____

Location of Bldg: _____ Zip Code _____
(City, State & Zip)

Named Insured
for this Building: _____
(Include a/k/a's & d/b/a's)

Mortgagee: _____

Occupancy Type: Apts Merc Office Condo Warehouse
(Check all that apply) Shopping Center Mixed Use (Apt & Retail / Office)

If Condo / Co-op: _____ % Sold _____ % Owned Occupied _____ % Rented

Construction Type: Frame Brick Joisted Masonry Other _____
 Fire Resistive Brick Veneer Masonry Non-Combustible

of Apt Units: _____ # of Merc Units: _____ Year Built: _____

Total Square Ft: _____ Merc Square Ft: _____

Roof Type: Flat Pitched Other _____ % Occupied: _____

of Stories: _____ # of Buildings: _____ # of Elevators: _____

Is the Building Sprinklered? Yes No Burglar / Fire Alarms? Yes No

Parking Lots? Yes No # of Spaces: _____ Square Ft?: _____

Swimming Pools? Yes No # of Pools: _____ Diving Boards: Yes No

Subsidized Housing? Yes No % _____ Student Housing? Yes No % _____

Is this Senior Housing? Yes No % _____ % of Tenants over the age of 52? _____

Certificates of Insurance are obtained from the following: (Check all that apply)

Landscape Contractors Snow Removal Contractor Other Contracting Work

Do you have any underground storage tanks? Yes No / Year Installed? _____

Is the tank made of Double Steel Steel Coated Fiberglass Other _____

Size? _____ / Type of Fuel? _____ / Date of last Leak Test? _____

Building Limit: \$ _____

Annual Rental Income /
Maintenance Fees: \$ _____

Mortgage Amount: \$ _____

Contents Limit: \$ _____

Improvements & Betterments: \$ _____

Any Garages? Yes No

How Many & Values: _____ / \$

Year of Updates: Electrical: _____
(i.e. 2001) Heat: _____

Roof: _____ Plumbing: _____
Boiler: _____

Was the building Gut Rehabbed? Yes No If so, what year? _____

Are window guards provided to tenants in habitational risks? Yes No

If Mercantile occupants, who and what are the tenants: _____

Contact Info

Name: _____

Phone: (____) _____

Email: _____

Fax: (____) _____

Property Loss Runs

*Please fill in the balance of information

Effective Date	Insurance Carrier	Policy #

NEW PURCHASE	
YES <input data-bbox="795 1008 890 1073" type="checkbox"/>	NO <input data-bbox="1113 1008 1207 1073" type="checkbox"/>

Liability Loss Runs

*Please fill in the balance of information

Effective Date	Insurance Carrier	Policy #

NEW PURCHASE

YES

NO