

# PACIFIC INTERNATIONAL UNDERWRITERS

P.O. Box 2007 • 627 Dayton Street • Edmonds, WA 98020 • PH 800-562-8403 • FAX 888-814-8701

## Dwelling Fire

DATE: \_\_\_\_\_ ATTN: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AGENCY: \_\_\_\_\_ FAX #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ \*\*SSN \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Use:	FAMILIES:	FIRE PROT. CLASS:	
SQUARE FT:	STORIES:	YEAR BUILT:	
CONST. TYPE:	SUPPLEMENTAL HEAT?		
TYPE OF WIRING:	FOUNDATION:	HEATING:	
UPDATES: ROOF:	WIRING:	PLUMBING:	
PRIOR INS. : YES – WHO? / NO – WHY?			
PURCHASE DATE:	PURCHASE PRICE:		
5 YEAR LOSS HISTORY:			
ANIMALS – LIST:			
OTHER STRUCTURES – LIST:			
ACREAGE(# of acres):			
<b>COVERAGE</b>	<b>LIMIT</b>	<b>PREMIUM</b>	Notes: <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>
DESIRED FORM: DP1			
VALUES : RC			
DWELLING			
OTHER STRUCTURE			
PERS. PROPERTY			
LIABILITY			
MEDICAL PAYMENTS			
V & MM: YES / NO			
DEDUCTIBLE			
POLICY FEE			
TOTAL PREMIUM			
DIRECT BILL DOWN PAYMENT			

This quote is premium calculation only. Risk eligibility and binding are subject to the company's rules and application requirements. Submit risks can usually be approved by phone call to your underwriter. \*\*Social Security Number (SSN) is only used by American Modern Insurance Company to establish available credits through Insurance Scoring, it is not required for a rate quote.

QUOTE GOOD FOR 30 DAYS