



Lic#0K09347

PROPOSAL REQUEST

T: 310-490-8689 | F:310-745-0198

We would be delighted to provide an insurance quote for you. Complete this FORM and submit via email to: info@siliconbeachinsurance.net or fax to: 310-745-0198.

INFORMATION

Association Name: _____

Association Physical Address: _____

Current Policy Effective Date: _____ **Need Proposal by Date:** _____

Management Company Name: _____

Management Company Address: _____

Manager's name: _____ Tel: _____ Fax#: _____

Email: _____

ASSOCIATION INFORMATION: Year Built: _____ Total # Units: _____ Total # Buildings: _____

Year of Roof/Electrical Updates: _____ Sprinklered: YES() NO() # Floors including parking: _____

Elevators: YES() NO() If YES, # Elevators _____ Construction Type: _____

Roof Type: _____ Parking Type: _____ # Pools: _____ #Spas: _____

List Amenities:(i.e. Clubhouse/Recreation/Community Room, Tot Lot, Tennis Court, Gym, Sauna,)

Additional Comments or Requests _____

Please provide the following Documents with your quote request:

- | | |
|---|-------------------------|
| 1. Current Insurance Declaration Page | 4. Reserve Study |
| 2. Associations' CCRs | 5. 4 years loss history |
| 3. Current Budget, including total Reserves | |

Quotes for the following coverages will be provided:

1. Property & General Liability
2. Directors & Officers
3. Fidelity/Crime
4. Workers Compensation
5. Umbrella

**Please provide an Earthquake Quote: YES() NO()
If YES, submit current EQ policy Declaration Page.**