Lic#0K09347
T: 310745-0191 | F:310-745-0198

REQUEST A PROPOSAL

We would be delighted to provide an insurance proposal for your association. Please complete the form below and submit via email to info@siliconbeachinsurance.net .

INFORMATION

Association Name: _____

Association Physical Address: _____

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

Management Company Name: _____

Management Company Address: _____

Manager's name: _____ Tel: _____ Email: _____

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

Year of Roof Updated: _____ Type/Brand Electrical Panel:_____

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_____

_____

To provide an accurate proposal, please include:

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

Quotes for the following coverages will be provided:

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

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