

# **W&G Specialty Underwriters**

## **Homeowner's/Dwelling Fire Quote Request Form**

\*\*Complete application required for the following: Any loss over \$10,000, any mold loss(proof of remediation), dwellings over \$500,000

**Direct: 713-267-9358 Fax: 713-267-9360**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Location Address:** \_\_\_\_\_ **County:** \_\_\_\_\_

### **Property Information**

**Occupancy:** Owner Tenant Primary Secondary Seasonal **Protection Class:** \_\_\_\_\_

**Construction:** Frame Stucco Brick Veneer Other **Inside City Limits:** Yes No

**# of Families:** **Year Built:** **Square Feet:** **Roof Type:** **Roof Age:**

**If home is older than 35 years, provide year of updates:** Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_

**Is Property Vacant:** Yes No **Monitored Alarm:** Yes No

**Distance To:** Fire Hydrant: \_\_\_\_\_ Firestation: \_\_\_\_\_ **Is risk within 1mi of Galveston Bay?** Yes No

**Any lapse in coverage in past year:** Yes No **Current Expiration Date:**

**Claim History (date, type, amount):** \_\_\_\_\_

### **Coverage Information**

**HO-8 HO-3 HO4 HO6 TDP- TDP-3**

**Dwelling:** \_\_\_\_\_ **Contents:** \_\_\_\_\_ **Oth Struc:** \_\_\_\_\_ **Loss of Use** \_\_\_\_\_ **Sewer Backup:** \_\_\_\_\_

**Liabls:** \_\_\_\_\_ **Med Pay:** \_\_\_\_\_

**Personal Injury Identity Fraud Loss Assessment RC cost on contents**

**AOP Ded:** \_\_\_\_\_ **Wind/Hail Ded** \_\_\_\_\_ **Ex-Wind:** Yes No

**Agency:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Comments:**

**\*This is for quoting purposes only. THIS IS NOT AN APPLICATION FOR COVERAGE OR A BINDER**