

Bird Island-Hawk Creek Quote Sheet

Farm

Fax: 320/365-4230

Name Insured :	
Address 1 :	
Address 2 :	
City, St Zip :	
Property Loc :	
Effective Date :	
Term	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly
Package Company:	
Perils:	<input type="checkbox"/> Fire <input type="checkbox"/> Wind <input type="checkbox"/> CPL <input type="checkbox"/> FCPL <input type="checkbox"/> Inland Marine
Deductible:	<input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000
Total acres:	
Agency Name:	Agency #: Agent Name:
Occupancy:	<input type="checkbox"/> Owner <input type="checkbox"/> Rented <input type="checkbox"/> Vacant
Miles from fire department:	
Mobile Home	\$ Dimensions X <input type="checkbox"/> Piers <input type="checkbox"/> Basement <input type="checkbox"/> Cont foundation
Modular Home	\$ Dimensions X <input type="checkbox"/> Piers <input type="checkbox"/> Basement <input type="checkbox"/> Cont foundation
Dwelling:	\$ Year of Construction:
<input type="checkbox"/> Named Peril – Actual Cash Value	Roof Update <input type="checkbox"/> Yes <input type="checkbox"/> No Year:
<input type="checkbox"/> Special Form – Replacement Cost Cov.	Plumbing Update <input type="checkbox"/> Yes <input type="checkbox"/> No Year:
Should Superior Dwelling Discount apply?	Electrical Update <input type="checkbox"/> Yes <input type="checkbox"/> No Year:
<input type="checkbox"/> Yes <input type="checkbox"/> No Year	
Household Goods:	\$ <input type="checkbox"/> Repl Cost <input type="checkbox"/> Broad <input type="checkbox"/> Special
Add'l Living Exp:	\$
Unscheduled Farm Pers Prop: \$	<input type="checkbox"/> Special <input type="checkbox"/> Broad
Scheduled Farm Pers Prop : \$	<input type="checkbox"/> Special <input type="checkbox"/> Broad
Outbuildings:	
Description:	\$ Dimensions X <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G3
Description:	\$ Dimensions X <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G3
Description:	\$ Dimensions X <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G3
Description:	\$ Dimensions X <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G3
Fire Dept Service:	\$
Water/Sewer Backup	\$
Wood Heat	<input type="checkbox"/> yes <input type="checkbox"/> no
Other:	
Liability: FCPL	\$
Med Payments:	\$
Damage to Prop:	\$
<input type="checkbox"/> Livestock Exclusion Credit <input type="checkbox"/> Non-Occupied/Landlords Liability Credit	
<input type="checkbox"/> Owner-occupied Landlors liab credit	
<input type="checkbox"/> Additional Residence: <input type="checkbox"/> Owner Occ <input type="checkbox"/> Rental <input type="checkbox"/> Vacant	
Inland Marine:	
1.	Deductible:
2.	Deductible:
Previous Carrier	:
Renewal Date	:
Loss History	:
Comments	: