

The Colonial Group, Inc  
P.O. Box 4907  
Greensboro, NC 27404

PH: 800-628-3762  
FAX: 336-855-1190

Quote Form

Name of insured: \_\_\_\_\_

Property Location: \_\_\_\_\_

**Essential Rating Elements**

1. What is the community's name and number? \_\_\_\_\_
2. In what flood zone is the property located? \_\_\_\_\_
3. What is the building's construction date? \_\_\_\_\_
4. Is the coverage for a condominium unit?  Yes  No
5. What is the building's occupancy type?  Single Family  2-4 Family  
 Non-residential  Other Residential
6. How many floors does the building have (including the basement)? \_\_\_\_\_
7. What is the basement type?  none  finished  unfinished?
8. What is the amount of coverage requested for the building? \$ \_\_\_\_\_
9. What is the building's estimated replacement cost? \$ \_\_\_\_\_
10. What is the amount of coverage requested for contents? \$ \_\_\_\_\_
11. Where are the contents located?  N/A (not insuring contents)  Basement only  
 Basement and above  Lowest floor only-above ground level  
 Lowest floor only-above ground level and higher floors  Above ground level-more than one full floor
12. What is the requested deductible?  \$500 (standard post-FIRM)  
 \$1000 (standard pre-FIRM)  \$2000  \$3000  \$4000  \$5000

Please note: If the building is Post FIRM construction, located in any of the 'A' or 'V' zones, an elevation certificate may be required for rating. If applicable, please include a copy of the elevation certificate with this rating sheet.

For mobile homes only: If the structure to be insured is located in a mobile home park, please provide the year the park was established as the date of construction. If the structure is located on private property, please provide the date it was placed on a permanent foundation on that property.

Please remember to provide:

American Bankers agent account number: \_\_\_\_\_

Agency phone number: \_\_\_\_\_

Agency name: \_\_\_\_\_

Agency fax number: \_\_\_\_\_

Name of requestor: \_\_\_\_\_

Rev1/2003