

**BFA WHOLESALE INSURANCE**

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**QUICK QUOTE SHEET for Homes/Dwellings**

Date: \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Agency contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Named Insured(s):** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Mailing Address (Incl County):** \_\_\_\_\_

**Property Location (Incl County):** \_\_\_\_\_

**Type of construction:** \_\_\_\_\_ **Alarms:** \_\_\_\_\_

**Dwelling \$:** \_\_\_\_\_ **Deductbl:** \_\_\_\_\_ **Contents:** \_\_\_\_\_ **Ded:** \_\_\_\_\_

**Liability:** \_\_\_\_\_ **Medical Payments:** \_\_\_\_\_

**Claims:** \_\_\_\_\_

**Year Built:** \_\_\_\_\_ **Square Footage:** \_\_\_\_\_ **Type of Roof:** \_\_\_\_\_

**Number of families/Apartments:** \_\_\_\_\_ **# of Floors:** \_\_\_\_\_

**Updates/Age of:** Roof                      Wiring                      Heat                      Plumbing

**(Circle your answers): Home is?** Detached or attached                      **Garage:** attached or detached / NONE

**Is there a:** Pool? YES      NO                      Trampoline? YES      NO

**Dogs:** \_\_\_\_\_ **Current Ins/#:** \_\_\_\_\_

**Coverage start date/Expiration Date:** \_\_\_\_\_ **Heat Type** \_\_\_\_\_

**Notes:**