

**BFA WHOLESALE INSURANCE**

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**QUICK QUOTE SHEET for Homes/Dwellings**

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

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

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

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

**Insured's** Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Location of home or dwelling: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip \_\_\_\_\_

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

Dwelling \$: \_\_\_\_\_ Dedctbl: \_\_\_\_\_ Contents: \_\_\_\_\_ Ded: \_\_\_\_\_

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

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

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

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

Age of: Roof                      Wiring                      Heat                      Plumbing

(Circle your answers): Home is?    Detached or attached                      Garage: attached or detached

Do they have a: Pool?    YES        NO                      Trampoline?    YES        NO

Dogs: \_\_\_\_\_                      Current Ins: \_\_\_\_\_

Coverage start date: \_\_\_\_\_    Heat Type \_\_\_\_\_

Notes: