

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: