



# QUOTE REQUEST FORM

## OFFICE INSURANCE PACKAGE

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Legal Business Name:

Property Address:

Mailing Address:

Contact Phone:

E-mail:

Legal Entity: Individual

Corporation

Partnership

LLC

Other

Years in business:

Is this a new venture?

Amount of your gross sales?

Interest Type:

Is this a Condo unit?

Requested Effective Date:

Building Value:

Replacement Value Contents:

Replacement Value Build-Out:

Construction Type:

Date of Original Construction:

# of Stories:

Total Square Footage:

Square Foot Occupied:

Fire Sprinkler System?

Central Station Alarm?

YEAR UPDATED:

Plumbing

Roof

Electric

AC

Renovations underway/ anticipated?

Name of Current Insurance Carrier:

Any Claims in last 5 Years?

If yes, briefly describe:

Any Mortgages, Loss Payees, Additional Insureds, or Certificate Holders to be Included?

**Please complete this form and submit by email to [insurance@JoinDIS.com](mailto:insurance@JoinDIS.com).**

*Once we receive your request, an agent will reach out to you for any further information required.*

**Please call us at 800.877.7597 if you have any questions or need help completing this form.**

Dentist Insurance Services | 1113 E. Tennessee Street, Suite 200, Tallahassee, FL 32308 | E-mail: [insurance@joindis.com](mailto:insurance@joindis.com)

*The data collected on this form is for information purposes only in order for us to provide you a quote. No coverage is in force until a policy is issued.*