

PERSONAL LINES QUOTE SUBMISSION FORM

Submit completed forms to submissions@ssiuw.com

SUBMISSION DATE: _____ REQUESTED EFF DATE: _____
NEW / RENEWAL: _____ POLICY TERM: _____

AGENCY INFORMATION:	CUSTOMER INFORMATION:
Agency: _____	Customer Name: _____
Address: _____	Customer Phone: _____
City, State, Zip: _____	Customer Email: _____
Producer: _____	Mailing Address: _____
Producer Phone / Email: _____	_____

PROPERTY INFORMATION:	
Risk Address: _____	Occupancy: _____
City, State, Zip: _____	Fortified: _____
Policy Form Type: _____	Target Premium: _____
Protection Class: _____ Distance to Gulf: _____	Construction Type: _____
Exterior Finish: _____ Square Feet: _____	Foundation: _____
Roof Type: _____ Roof Straps: _____	Year Built: _____ # of Stories: _____
Current Flood Policy? _____ Flood Zone: _____	Roof Shape: _____
Shutters/Impact Glass: _____	Alarm (Central Monitored): _____
Service Discount: _____	Swimming Pool: _____

*Service Discount offered to teachers, nurses, first responders & active/retired military *Pools must be fenced to quote for liability coverage

UPDATES:			
Roof: Year _____ Comp _____ Partial _____	Wiring: Year _____ Comp _____ Partial _____		
Plumbing: Year _____ Comp _____ Partial _____	HVAC: Year _____ Comp _____ Partial _____		
Other Structures Description (if coverage requested): _____			
Property Located on 10 or More Acres? _____			
Loss History: _____ None _____	Describe: _____		
Any Active / Open Claims? _____ None _____	Describe: _____		
Current Bankruptcy (not discharged)? _____			
Prior / Current Carrier: _____			

FOR BUILDERS RISK	Contractor: _____	Length of Term: _____
	Loss History: _____	

REQUESTED COVERAGE AMOUNTS	OPTION 1:	OPTION 2:	REQUESTED DEDUCTIBLES:
Coverage A – Dwelling:	_____	_____	AOP: _____
Coverage B – Other Structures:	_____	_____	Wind/Hail: _____
Coverage C – Personal Property:	_____	_____	Named Storm: _____
Coverage D – Loss of Use / Rents:	_____	_____	
Coverage E – Personal Liability:	_____	_____	
Coverage F – Medical Payments:	_____	_____	
TIV:	_____	_____	

ADDITIONAL COMMENTS, RATING INFORMATION:

To bind coverage, submit this form with requested effective date, mortgagee clause(s), proposal selected and inspection contact to applications@ssiuw.com for pre-filled applications.



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