

MARKET FINDERS COASTAL SUPPLEMENTAL

Date: _____

Agency: _____

NEW

RENEWAL

Prior Policy: _____

Phone #: _____

Named Insured: _____

Address: _____

Location of Risk: _____

County: _____

Effective Date: _____

Expiration Date: _____

Construction: _____ Sq.Ft.: _____ Occupancy _____

Protection Class: _____ Roof: _____ # of Stories: _____ Year Built: _____

Building \$ _____

Contents \$ _____

BI W/ EE \$ _____

Misc Coverages Requested W/ Limit \$ _____

AOP Deductible \$ _____

Wind/ Hail Deductible \$ _____

Sprinkler System: Yes No

Hurricane Shutters: Yes No

Hurricane Straps: Yes No

Hurricane Roof Clips Yes No

Central Alarm Yes No

Updates (Wiring, HVAC, Plumbing, Roof - Note: Roof must be newer than 15 years for RC Coverage to apply):

Loss Info for Last 3 Years: _____

