

For Condominium Owners Associations

**Request for Proposal**

www.saxagency.com

Name of COA \_\_\_\_\_ FEIN # \_\_\_\_\_

C/O \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ EXT \_\_\_\_\_

Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

Year Built \_\_\_\_\_ Current Building Limit \_\_\_\_\_

Address of Association \_\_\_\_\_

How many units are in the COA \_\_\_\_\_ Number at build out \_\_\_\_\_

Construction Type \_\_\_\_\_ Roof Type \_\_\_\_\_

Number of Buildings \_\_\_\_\_

Number of Stories \_\_\_\_\_ Is Building Sprinklered? \_\_\_\_\_

Property Limit \_\_\_\_\_ Deductible \_\_\_\_\_ GL Limit \_\_\_\_\_

BPP Limit \_\_\_\_\_ Coverage 2 (Demo) Limit \_\_\_\_\_

Coverage 3 (ICC) Limit \_\_\_\_\_

Parking \_\_\_\_\_ If Subterranean, how many levels? \_\_\_\_\_

List all amenities (i.e pool, spa, recreation room w/ sq ft, tot lot, etc \_\_\_\_\_

Number of Board Members: \_\_\_\_\_ Number of Developers: \_\_\_\_\_

Backup Sewer & Drain \_\_\_\_\_ D&O Limit \_\_\_\_\_ Fidelity Limit \_\_\_\_\_

Have there been any claims in the last three years? Yes / No

**Please provide the following information:**

- 1.) CC & R's
- 2.) Reserve Study (If available)
- 3.) Current Budget
- 4.) Plot Plan

Would you like a Workers Compensation Quote? Yes / No

Would you like an Earthquake Quote? Yes / No

**Requested Response Date:** \_\_\_\_\_

**Policy Expiration Date:** \_\_\_\_\_

**Order a proposal by faxing this form to 866-720-5964.**

or

Please call our toll free number for assistance 1-866-SAX-5390.

or

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AFFILIATE MEMBER