

***BASIC APPLICATION***

**PROPERTY**



**HERITAGE  
INSURANCE**

***941-723-1400***

***fax 941-723-1440***

***sales@heritagefla.com***



Thank you for your interest in the Insurance products that are being offered by Heritage Insurance Services.

In order to effectively evaluate your coverage and premium needs, we will need you to provide the following information:

- Completed Basic Application
- Insurance requirements (if any) from your builders and/or suppliers (ie financial strength, endorsements, etc)
- Loss Runs from your current Insurance Provider (the past 5 years)\*  
\* if you do not have your current loss history information (above), please complete the loss runs release (attached) and include a copy of your current declarations page (this page will include your policy number, insurance company, limits, and premium)

Please return the information via fax 941-723-1440 or e-mail ([sales@heritagefla.com](mailto:sales@heritagefla.com)) .

Once we have obtained all required information , your information will be forwarded to multiple underwriters. A summarized insurance proposal will be prepared as quickly as possible (normally about a week to ten days).

Please do not hesitate to call 941-723-1400 with any questions.

Dave A. Clements  
Principal Agent

**Basic PROPERTY Application**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ FEIN: \_\_\_\_\_

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Address of Property: \_\_\_\_\_

Year Built: \_\_\_\_\_ Roof Type: (Shingle. Metal, Tile, \_\_\_\_\_)

Improvements/ Updates (year completed):

Roof: \_\_\_\_\_ Electric: \_\_\_\_\_ Heating / Air: \_\_\_\_\_

Plumbing: \_\_\_\_\_

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Building Value: \_\_\_\_\_ Contents Value: \_\_\_\_\_

Business Income/ Interruption: \_\_\_\_\_

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Current Insurance Provider (Company, not Agency) \_\_\_\_\_

Current Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Any Losses within the last 5 years (please list): \_\_\_\_\_

## YOUR LETTERHEAD

INSURANCE COMPANY: \_\_\_\_\_

RE: POLICY # \_\_\_\_\_

This letter authorizes you to release any of our rating or loss history (loss runs) information to fax number 941-723-1440.

Any questions, please call the undersigned at \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please find a copy of my declarations page or certificate of insurance attached.