



Property Quote/ Application Questionnaire

Business Name or DBA: _____

EIN/TIN: _____

Business Physical Address: _____

Business Mailing Address (PO Box): _____

Length of Occupancy at Business Address: _____

Owner/Occupant Property Tenant Property

Building Use: _____

Land Line: _____ Work Phone: _____

Cell Phone: _____ Business Email: _____

Value of Property

When Purchased: _____

Mortgagee: _____ Loan #: _____

Rock Valley

1004 21st Ave, PO Box 177
Rock Valley, IA 51247
Phone: (712) 476-9100
Fax: (712) 476-9108

Doon

227 Main St, PO Box 6
Doon, IA 51235
Phone: (712) 726-3600
Fax: (712) 726-3445

Rock Rapids

710 1st Ave, PO Box 591
Rock Rapids, IA 51246
Phone: (712) 472-9100
Fax: (712) 472-9108

Alcester

190 Iowa St, PO Box 136
Alcester, SD 57001
Phone: (605) 934-2500
Fax: (605) 934-2515

Hudson

407 Wheelock St, PO Box 447
Hudson, SD 57034
Phone: (605) 984-2241
Fax: (605) 984-2101

Adrian

322 Maine Ave, PO Box 129
Adrian, MN 56110
Phone: (507) 483-2447
Fax: (507) 483-2948



Property Quote/ Application Questionnaire

Current Insurance

Current Insurance: Yes ___ No ___

If Yes – Company Name: _____

Reason For Switching Insurance: _____

Current Policy Dates: _____ Desired Start Date: _____ Policy # _____

Type of Construction

Frame: _____ Masonary: _____ Square Feet: _____

Style: _____ Year Constructed: _____

Exterior Siding: _____ Updated: _____

Roof: _____ Updated: _____

Basement: Yes ___ No ___

If Yes, What % Is Finished _____% Square Feet: _____

Garage Square Feet: _____ Attached ___ Detached ___

Primary Source of Heat: _____ Updated: _____

Supplemental Heat Type: _____

Plumbing: _____ Updated: _____



**Property Quote/
Application
Questionnaire**

Was Woodstove or Fireplace Professionally Installed? Yes ___ No ___ Date: _____

Wiring Type _____ Breaker Box _____ Amps _____ Updated _____

Locations Other Than Primary Business Location
(Duplicate Form for Other Locations if Necessary)

	#1	#2	#3
Type:			
Dimensions:			
Year Constructed:			
Siding:			
Roof:			

Claims: (Past 5 Years) _____

Documentation Needed

Current Coverages/Policy