

Contact us for more information or to get a quote:



405.701.6820

Submissions@GEUinsurance.com



# GEU-RISK DETAILS FOR QUOTE

Submitting Producer/CSR: \_\_\_\_\_ Branch: \_\_\_\_\_

Entity Type:  Individual  Corporation  Partnership  
 (Check One)  LLC  Joint Venture  IRA  
 Trust  Others: \_\_\_\_\_

Named Insured: \_\_\_\_\_ DBA Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Website URL: \_\_\_\_\_

Proposed effective date: \_\_\_\_\_

**Please attach COMPLETED Reinsure Pro SOV when there are more than 2 locations to quote. (Excel Document on ONE)**

### LOCATION 1-

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Desired Coverage:  Property & Liability  Liability Only  Tenant Protector Plan Only  
(Check One)

Causes of Loss/Peril:  Basic  Special

Property Type:  Single Family  Multi Family (2-20 units)  Condo  Mobile/Modular  
(Check One)

Construction Type:  Frame  Joisted Masonry  Non Combustible  Masonry Non Combustible  
(Check One)

Modified Fire Resistant  Fire Resistant

Named Windstorm:  Included  Excluded  
(Check One)

Deductible:  \$2,500  \$5,000  \$10,000  
(Check One)

Occupancy Status:  Occupied Rental  Renovation  Vacant  New Construction  
(Check One)

Submit to Global Express Underwriters (GEU) to obtain a quote. [Submissions@GEUinsurance.com](mailto:Submissions@GEUinsurance.com)

LOCATION 1 CONTINUED: Replacement Cost: \_\_\_\_\_ ACV: \_\_\_\_\_

Building area (sq ft): \_\_\_\_\_ Year Built: \_\_\_\_\_ # Stories: \_\_\_\_\_

Update Information: ROOF - \_\_\_\_\_ ELECTRIC - \_\_\_\_\_ PLUMBING - \_\_\_\_\_ HVAC - \_\_\_\_\_  
(Provide Year)

IF occupied rental, what percentage (%) of tenant subsidized? \_\_\_\_\_

IF renovation policy: Has the renovation started or will it in the next 60 days?  Yes  No

IF vacant policy: Intended use of the Property:  On the market for sale  Renovate and/or occupy  
 No immediate plans

**Optional Additional Coverages**

Would you like to add the tenant protector plan to this location?

Yes  No

Are there any structural issues?

Yes  No

Would you like to add Flood coverage?

Yes  No

Is this location used as a vacation or seasonal rental?

Yes  No

Would you like to add Terrorism & Political Violence?

Yes  No

Does the property have (either) Knob And Tube or Aluminum wiring?  NONE  ALUMINUM  
 KNOB AND TUBE  UNKNOWN

Would you like to add Ordinance or Law coverage?

Yes  No

Does the location contain a wood-burning stove?

Yes  No

Would you like to add coverage for Earth Movement (Earthquake and Sinkhole)?

Yes  No

Will there be any structural renovations?  Yes  No

Is this lender placed coverage or a non performing note?  Yes  No

Are any commercial operations occurring on the premises?

Yes  No

Are there any detached structures on the property?

Yes  No

Is this location professionally managed? Who monitors and how often?

Yes  No

Does any commercial cooking occur on the premises?

Yes  No

Is there a pool, hot tub, and/or spa at this location?

Yes  No

Have there been any prior claims? If yes loss runs/details required.

Yes  No

Is the porch or roofline sagging?

Yes  No

Select your included limit of liability:

\_\_\_ \$1MM per occ/\$2MM agg \_\_\_ \$2 MM per occ/\$4MM agg

Are functioning smoke detectors installed?

Yes  No

CHECK HERE IF MORE THAN ONE LOCATION TO INSURE.

Total # of locations to be quoted: \_\_\_\_\_

Include an Additional Location Supplemental form for each location.

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# REInsurePro

## GEU - ADDITIONAL LOCATION SUPPLEMENTAL

LOCATION #   2  

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Desired Coverage:  Property & Liability  Liability Only  Tenant Protector Plan Only  
(Check One)

Causes of Loss/Peril:  Basic  Special

Property Type:  Single Family  Multi Family (2-20 units)  Condo  Mobile/Modular  
(Check One)

Construction Type:  Frame  Joisted Masonry  Non Combustible  Masonry Non Combustible  
(Check One)  
 Modified Fire Resistant  Fire Resistant

Named Windstorm:  Included  Excluded  
(Check One)

Deductible:  \$2,500  \$5,000  \$10,000  
(Check One)

Occupancy Status:  Occupied Rental  Renovation  Vacant  New Construction  
(Check One)

Replacement Cost: \_\_\_\_\_ ACV: \_\_\_\_\_

Building area (sq ft): \_\_\_\_\_ Year Built: \_\_\_\_\_ # Stories: \_\_\_\_\_

Update Information: ROOF - \_\_\_\_\_ ELECTRIC - \_\_\_\_\_ PLUMBING - \_\_\_\_\_ HVAC - \_\_\_\_\_  
(Provide Year)

IF occupied rental, what percentage (%) of tenant subsidized? \_\_\_\_\_

IF renovation policy: Has the renovation started or will it in the next 60 days?  Yes  No

IF vacant policy: Intended use of the Property:  On the market for sale  Renovate and/or occupy  
 No immediate plans

Optional Additional Coverages

Would you like to add the tenant protector plan to this location?

Yes  No

Are there any structural issues?

Yes  No

Would you like to add Flood coverage?

Yes  No

Is this location used as a vacation or seasonal rental?

Yes  No

Would you like to add Terrorism & Political Violence?

Yes  No

Does the property have (either) Knob And Tube or Aluminum wiring?  NONE  ALUMINUM  
 KNOB AND TUBE  UNKNOWN

Would you like to add Ordinance or Law coverage?

Yes  No

Does the location contain a wood-burning stove?

Yes  No

Would you like to add coverage for Earth Movement (Earthquake and Sinkhole)?

Yes  No

Will there be any structural renovations?  Yes  No

Is this lender placed coverage or a non performing note?  Yes  No

Are any commercial operations occurring on the premises?

Yes  No

Are there any detached structures on the property?

Yes  No

Is this location professionally managed? Who monitors and how often?

Yes  No

Does any commercial cooking occur on the premises?

Yes  No

Is there a pool, hot tub, and/or spa at this location?

Yes  No

Have there been any prior claims? If yes loss runs/details required.

Yes  No

Is the porch or roofline sagging?

Yes  No

Select your included limit of liability:

\_\_\_ \$1MM per occ/\$2MM agg    \_\_\_ \$2 MM per occ/\$4MM agg

Are functioning smoke detectors installed?

Yes  No

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