## Patriot Insurance Agency, Inc.

Basic information to begin the quotation process

DBA: Arizona Patriot Insurance Agency, Inc. in CA, NC, ND, NY P.O. Box 17026, St. Petersburg

Toll Free Number: 800 859-2724, Phone: 520 455-9252, Fax: 520 842-2978 Email: wecare@patriot-insurance.com, Website: www.patriot-insurance.com

Organization Name:		
Mailing Address:		
Street Address (if different than listed above	re):	
Telephone Number:		Fax Number:
Email Address:		Website:
Name of Contact Person		Fed. Id No:
Description of Organization: (if you have a brochure please attach)		
Do you have additional Locations?	Yes No	If Yes # of Locations:
Please indicate below the follow  Street Address,  City, State & Zip  Hours open per week  Please explain in detail services provided:	wing information per location. (If the	here is more than one location, please describe on a separate form)
Do you require any of the following:	Business Personal Pro Building Coverage Directors and Office Medical Malpractice Other	If Yes, please advise Value:
Construction of Building: Brick	Frame O	Other
Year Built:	Square Footage	Occupied:
Are you currently insured? If yes, please provide The Current Insurance Carrier, and Renewal Date.		
Any prior claims in the last three years?  If yes, please attach a description and the conclusion on a separate form?  Yes No		
OR OTHER PERSON, FILES AN APPL MATERIALLY FALSE INFORMATION ANY FACT MATERIAL THERETO, CO	ICATION FOR INSURANC I, OR CONCEALS FOR TH DMMITS A FRAUDULENT	ID WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY CE OR STATEMENT OF CLAIM CONTAINING ANY E PURPOSE OF MISLEADING, INFORMATION CONCERNING INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE USAND DOLLARS AND THE STATED VALUE OF THE CLAIM
Signed:		Date:
Printed Name:		Position:
Email: wecare@patriot-insurance.com / Web: www.patriot-insurance.com / Toll Free – 800-859-2724		