

OCG & Associates, Inc.

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Ph: 305-447-9577 / Fax: 305-447-9578
www.ocginsurance.com

Homeowner's Insurance Quote Request

GENERAL INFORMATION

Prospect Insured Name: _____

Property Address: _____ City: _____

State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

PROPERTY INFORMATION

Year Built: _____ Beds/Baths: _____ Sq Ft: _____

Stories: _____ Roofing: _____ Garage: _____ Attached
 Detached
 Built-in

Carport: _____ Open Porch: Yes No Driveway: _____

Swimming Pool: Yes No Pool enclosure: Yes No

Fence: Yes No Screen Porch: Yes No

Wood Deck: Yes No

Crawl Space: Yes No Basement: Yes No

*** Please fax completed form to (305) 447-9578. If home Appraisal is available, please attach to fax for a better quote.**

COMPLETION OF THIS FORM DOES NOT OBLIGATE OCG & ASSOCIATES, INC TO OFFER A PREMIUM INDICATION OR BIND COVERAGE. ULTIMATE PREMIUM, COVERAGE TERMS AND CONDITIONS MAY ONLY BE DETERMINED AFTER REVIEW OF A FULLY COMPLETED APPLICATION.