

# OFFICE PACKAGE QUESTIONNAIRE



**services inc.**  
FLORIDA DENTAL ASSOCIATION  
SM

Legal Business Name:

Mailing Address:

Property Address:

Contact Phone:  E-mail:

Legal Entity:  Individual  Corporation  Partnership  LLC  Other

Years in business:  New Venture  Amount of your gross sales?

Interest Type  Is this a Condo unit?  Requested Effective Date:

Building Value:  Replacement Value Contents:  Replacement Value Build-Out:

Construction Type:  Date of Original Construction:  # of Stories:

Total Square Footage:  Sq Foot Occupied:  Fire Sprinkler System?  Central Station Alarm?

YEAR UPDATED: Plumbing  Roof  Electric  AC  Renovations underway/ anticipated?

Name of Current Insurance Carrier:  Any Claims in last 5 Years?

If yes, briefly describe:

Any Mortgagees, Loss Payees, Additional Insureds, or Certificate Holders to be Included?

Please call us at 800.877.7597 if you have any questions or need help completing this form.

FDA Services, Inc. 1113 E. Tennessee Street, Suite 200, Tallahassee, FL 32308 E-mail: [insurance@fdaservices.com](mailto:insurance@fdaservices.com)

The data collected on this form is for information purposes only in order for us to provide you a quote. No coverage is in force until a policy is issued.