



E-RATE

P.O. Box 36385 • Cincinnati, OH 45236 • www.sugroup.net
Toll Free (800) 844-1815 • Toll Free FAX (800) 258-1058

Email the completed form to quotes@sugroup.net or fax it to (800) 258-1058.

EACH QUOTE GUARANTEED WITHIN 30 MINUTES OR WE PAY YOU \$5

Dwelling Fire Program	
<input type="checkbox"/> ACV <input type="checkbox"/> RC <input type="checkbox"/> Full Repair <input type="checkbox"/> Func RC	
Dwelling Value	\$ _____
Unattached / Other	\$ _____
Personal Property	\$ _____
Liability (CPL or Premises)	\$ _____
Med Pay	\$ _____
Deductible Amount	\$ _____
Loss of Use / Rents	\$ _____
Prior Coverage:	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Purchase:	<input type="checkbox"/> Yes Price: \$ _____
<input type="checkbox"/> Central Station Alarm	
<input type="checkbox"/> Local Smoke / Burglar Alarm	
<input type="checkbox"/> Dead Bolts / Smoke Det / Fire Extinguisher	
<input type="checkbox"/> VMM	
Burglary Limit:	\$ _____
<input type="checkbox"/> Supplemental Heating	
Renovation Amount:	\$ _____
<input type="checkbox"/> Earthquake	
CONSTRUCTION	
<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Condo Unit	
# Stories:	_____ # Families: _____
Year Built:	_____
Electrical:	<input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Knob & Tube
Update Year: Roof _____ Plumbing _____	
Heating _____ Wiring _____	
OCCUPANCY	
<input type="checkbox"/> Owner / Primary <input type="checkbox"/> Seasonal	
<input type="checkbox"/> Tenant-Occupied <input type="checkbox"/> Secondary	
<input type="checkbox"/> Vacant How Long? _____	
Reason Vacant:	_____
Policy Term:	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos
Required to receive quote	
Protection Class:	_____
# of All Losses (3 yrs):	_____
# of Weather Related Losses (3 yrs):	_____

Homeowner / Renters HO4 Program	
<input type="checkbox"/> ACV <input type="checkbox"/> RC	
Dwelling Value	\$ _____
Unattached / Other	\$ _____
Personal Property	\$ _____
Liability (CPL or Premises)	\$ _____
Med Pay	\$ _____
Deductible Amount	\$ _____
Loss of Use / Rents	\$ _____
Prior Coverage:	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Purchase:	<input type="checkbox"/> Yes
Purchase Price:	\$ _____
<input type="checkbox"/> Maturity (age 50+)	
<input type="checkbox"/> Smoke / Fire Detector / Fire Extinguisher	
<input type="checkbox"/> Burglar Alarm	
<input type="checkbox"/> Pool / Hot Tub	
<input type="checkbox"/> Supplemental Heating	
<input type="checkbox"/> Earthquake	
Burglary	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500
<input type="checkbox"/> PP Replacement Cost	
<input type="checkbox"/> Water Backup	
CONSTRUCTION	
<input type="checkbox"/> Frame <input type="checkbox"/> Masonry	
# Stories:	_____ # Families: _____
Year Built:	_____
Electrical:	<input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Knob & Tube
Update Year: Roof _____ Plumbing _____	
Heating _____ Wiring _____	
OCCUPANCY	
<input type="checkbox"/> Owner / Primary <input type="checkbox"/> Seasonal	
<input type="checkbox"/> Secondary	
Required to receive quote	
Protection Class:	_____
# of All Losses (3 yrs):	_____
# of Weather Related Losses (3 yrs):	_____

Manufactured Home Program	
<input type="checkbox"/> ACV <input type="checkbox"/> RC	
Mobile Home Value	\$ _____
Unattached / Other	\$ _____
Personal Property	\$ _____
Liability (CPL or Premises)	\$ _____
Med Pay	\$ _____
Deductible Amount	\$ _____
Loss of Use / Rents	\$ _____
Prior Coverage:	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Purchase:	<input type="checkbox"/> Yes
Purchase Price:	\$ _____
<input type="checkbox"/> Single <input type="checkbox"/> Double	
Width: _____ Length: _____	
Year Built:	_____
OPTIONAL COVERAGES	
<input type="checkbox"/> Replacement Cost - Home	
<input type="checkbox"/> Replacement Cost - Contents	
<input type="checkbox"/> Supplemental Heating	
<input type="checkbox"/> Earthquake	
OCCUPANCY	
<input type="checkbox"/> Owner / Primary <input type="checkbox"/> Seasonal	
<input type="checkbox"/> Tenant-Occupied <input type="checkbox"/> Secondary	
Required to receive quote	
Protection Class:	_____
Within 5 miles of Fire Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
# of All Losses (3 yrs):	_____
# of Weather Related Losses (3 yrs):	_____

**Please call for quote on
Umbrella or Flood Coverage.**

Please send me an application
(Note, we no longer send one automatically)

Applicant Information

Name:	_____
Property Address:	_____
City:	_____ State: _____
County:	_____ Zip: _____
Applicant's SSN	_____
Applicant's DOB:	____ / ____ / ____

Agency Information

Agency Name:	_____
Contact:	_____
Phone:	_____
Fax:	_____
Email:	_____

Which SUG Property Market Is Best For Your Risk?

	American Modern	Market American	Aegis	Hanover Fire & Casualty
Permissible Occupancies	Owner, Rental, Seasonal, Vacant	Owner, Rental, Seasonal, Vacant	Owner, Rental, Seasonal, Vacant	Owner, Rental, Seasonal, Vacant
Condition of Home	Fair or better condition, exhibiting proper maintenance	Fair or better condition, exhibiting proper maintenance	Fair or better condition, exhibiting proper maintenance	More challenged conditions are considered
Acceptable Property Values	Varies by state and program. Please contact SUG for details.	\$15,000 - \$200,000	HO \$40,000 - \$125,000 DWF \$20,000 - \$125,000	IN Occupied \$20,000 - \$150,000 OH Occupied \$20,000 - \$100,000 IN, OH Vacant \$15,000 - \$300,000
Policy Form	HO, DP-3, DP-1	DP-3 (OH Only), DP-1	HO, DP1	DP1
Loss Settlement Options	ACV, RC, Functional RC, Full Repair Cost	RC (OH Only), ACV	ACV	ACV
States Where Available	IL, IN, KY, OH	IN, OH	IL, IN, KY, WV	IN, OH
Credit Used in Rating	Yes	No	Yes	No
Prior Coverage Requirements	Prior coverage within last 30 days. Longer lapses considered as exceptions.	Prior coverage within last 30 days. Longer lapses considered as exceptions.	Can be considered. Please submit for approval.	No prior coverage requirements.
Losses	Maximum 3 losses in last 3 years.	One weather and 1 non-weather loss in last 3 years	One minor loss in last 3 years. No fire, theft of liability losses.	No restrictions by number of losses. Questionable cases should be submitted.
Wiring Requirements	Fuses acceptable, no knob & tube	Circuits only	Circuits only	Fuses acceptable. Knob & tube acceptable.
Photos Needed with New Business	Inspections done. No photos needed.	Inspections done. No photos needed.	Inspections done. No photos needed.	Photos must be submitted with new business.
Online Rating Available	Yes	Yes	Yes	Yes
New Application Upload Available	Yes	No	Yes	Yes
Preferred insurer for quote – only indicate if you have a preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this section for any notes that you may have for us. If you have questionable risk, please submit photos.