



# Texas Security General

INSURANCE AGENCY, LLC.

## QUOTE REQUEST

18545 Sigma Road / San Antonio, Texas 78258 / Phone: 210-764-1233 / Fax: 210-764-1266

Agency Name / Contact: \_\_\_\_\_ Agent Code: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ Agency Email: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Property Address: \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

Effective Date: \_\_\_\_\_

Occupancy:  Primary  Secondary  Tenant  Vacant  Short-Term Rental

Construction:  Frame  Brick Veneer  Stucco  Hardi-Plank  Other: \_\_\_\_\_

Year Built: \_\_\_\_\_ Square Feet: \_\_\_\_\_ Roof Type: \_\_\_\_\_ Roof Shape: \_\_\_\_\_

PPC Class: \_\_\_\_\_ Distance to Fire Station: \_\_\_\_\_ Distance to Fire Hydrant: \_\_\_\_\_

Single  Duplex  Triplex  4 Plex Business on Property:  Y  N

Current Policy Exp. Date: \_\_\_\_\_ Any Lapse in Coverage?  Y  N Length of Lapse: \_\_\_\_\_

HOA/HO8  HOB/HO3  TDP1  TDP2  TDP3  Mobile Home  Condo  Renters

Replacement cost Dwelling:  Y  N Replacement Cost Personal Property:  Y  N

AOP Deductible: \_\_\_\_\_ Wind/Hail Deductible: \_\_\_\_\_

Accidental water:  Y  N \$ \_\_\_\_\_

COVERAGE	LIMIT	UPDATES	PARTIAL	COMPLETE	YEAR
Dwelling		Wiring	<input type="checkbox"/>	<input type="checkbox"/>	
Other Structures		Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Property		Roof	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Use/Rents		Heating	<input type="checkbox"/>	<input type="checkbox"/>	
Liability		Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	
Medical		Other	<input type="checkbox"/>	<input type="checkbox"/>	

**Please answer all questions for expedited quote. List updates for older homes.**

**Claim Details / Additional Info / Target Premium**

**Email your TSGA Underwriter**

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