

Renters Insurance Quote

Name _____

Birth date _____

Social security number _____

Marital Status _____

Cell phone number _____

Email _____

Physical address _____

If apartment please tell me how many apartments are in your building _____

Mailing address (if different) _____

How long at current address _____

If less than 2 years need previous address _____

How many people living in household _____

Names of roommates (if any) _____

Heating Gas/ Electric/Oil/ Coal/ Wood How many woodstoves or fireplaces _____

Any previous claims on other policies (not auto) _____

Any business conducted on the premises Y/N

Is there a basement Y/N Is there an attached garage Y/N

Are there smoke alarms Y/N Deadbolts on the doors Y/N Carbon Monoxide detectors Y/N

Animals

Dogs if so, how many and what breeds _____

Ever bitten anyone _____

Amount of personal belonging coverage needed (minimum 15,000) _____

Amount of liability insurance (circle one) 100 300 500

Effective date of policy _____

Would you like auto insurance quote with this _____

How did you find our office _____