

Renters Insurance Quote

Date: _____

	Date of Birth	Social Security Number (SSN)
Name of Policyholder		
Name of Spouse		

Mailing Address			
Physical Address (If Different)			
County	Responding Fire District	Distance to Nearest Fire Hydrant	
Phone Number	Fax Number	Mobile Number	Email Address
Current Insurance Carrier		Expiration Date	Current Policy Annual Premium
Limit of Insurance - Personal Property	Policy Deductible	Requested Effective Date	

Dwelling Details

Year Built: _____ Total Building Area (Sq. Ft.): _____ (Not Including Basement)

Foundation Type: ☐ Basement ☐ Walk-Out Basement ☐ Crawlspace ☐ Slab

• If Basement: _____ Finished Sq. Ft. _____ Unfinished Sq. Ft.

Type of Construction: ☐ Frame ☐ Masonry ☐ Steel ☐ Other: _____

Type of Building: ☐ Home ☐ Condo ☐ Townhouse ☐ Apartment

Number of Units In Building: ☐ Two ☐ Three ☐ Four ☐ Other: _____

Style of Building (Not Incl. Basement): ☐ One Story ☐ 1 ½ Stories ☐ 2 Stories ☐ Bi-Level ☐ Tri-Level

Exterior Walls: ☐ Brick ☐ Vinyl Siding ☐ Aluminum Siding ☐ Wood Siding ☐ Other: _____

Roofing: ☐ Asphalt Shingle ☐ Tile ☐ Rubber ☐ Metal ☐ Wood Shingle

Type of Heat/Air (Check All That Apply): ☐ Forced Air ☐ Boiler ☐ Radiant ☐ Geothermal ☐ Central Air

Building Updates (Year): ☐ Roof: _____ ☐ HVAC: _____ ☐ Electrical: _____ ☐ Plumbing: _____

Does the Dwelling Contain The Following Protective Devices?

Sprinkler System: ☐ Yes ☐ No

Dead Bolts: ☐ Yes ☐ No

Smoke Alarms: ☐ Yes ☐ No

Fire Extinguishers: ☐ Yes ☐ No

Carbon Monoxide Detectors: ☐ Yes ☐ No

Central Station Alarm: ☐ Yes ☐ No

Does the Dwelling Contain Any of the Following Features? ☐ Yes ☐ No

Trampoline: ☐ Yes ☐ No

Swimming Pool: ☐ Yes ☐ No *If Yes: Is it Fenced With a Locking Gate?* ☐ Yes ☐ No

Fireplace: ☐ Yes ☐ No *If Yes: How Many?* Gas Wood Both

Wood Burner: ☐ Yes ☐ No *If Yes: How Many?* ____ ☐ Interior ☐ Exterior

Any Other Outside Structures On The Property? ☐ Yes ☐ No *If Yes: Please Describe.*

Policy Coverage and Underwriting Information

Are You Required To Provide Evidence of Renter's Insurance?

☐ Yes ☐ No

If Yes: Please Provide Details for Owner: _____

Do You Have Any Pets? ☐ Yes ☐ No *If Yes: Please List Breed:*

Have you had any coverage declined, cancelled or non-renewed within the last three years? ☐ Yes ☐ No

Have you had any claims within the past five years?

☐ Yes ☐ No

If Yes: Please Provide Details:

Additional Policy or Coverage Notes: