

RENTER POLICY - QUOTE INFORMATION

PHONE NUMBER/EMAIL: _____

NAME (S): _____

BIRTHDATE(S): _____

SOCIAL SECURITY NUMBER(S): _____

MAILING ADDRESS: _____

RESIDENCE ADDRESS: _____

CITY/ZIP _____

COVERAGE AMOUNT: _____

PERSONAL LIABILITY AMOUNT: _____

MEDICAL PAYMENTS AMOUNT: _____

DEDUCTIBLE: _____

CONSTRUCTION: BRICK/STICK BUILD

YEAR OF CONSTRUCTION: _____

NUMBER OF UNITS IN THE BUILDING: _____

TOTAL LIVING AREA OF THE UNIT: _____

NUMBER OF FAMILIES IN THE UNIT: _____

NUMBER OF BATHS: _____ VISIBLE FROM OTHER DWELLINGS: Y/N

WITHIN 1,000 FEET OF FIRE HYDRANT: Y/N

PROTECTIVE DEVICES (SMOKE ALARM-SPRINKLER SYSTEM-DEAD BOLT LOCK): Y/N

ALARM SYSTEM (ALARM REPORTING TO CENTRAL LOCATION): Y/N