

Renters Info Quote Sheet

Name: _____

Occupation: _____

DOB: _____

Marital Status: _____

S.S.# _____

Co-applicant Name: _____

Occupation: _____

DOB: _____

Marital Status: _____

S.S. _____

Mailing Address: _____

Physical Address: _____

Year Built: _____

Dwelling Type: _____

Construction Type: _____

What value on Personal Property: _____

Home Quote

Date of Quote: _____

Agent: _____

Home Owners Landlord Renters

Name: _____

Spouse: _____

Phone: _____

Phone: _____

DOB: _____

DOB: _____

SS#: _____

SS#: _____

DL#: _____

DL#: _____

Occupation: _____

Occupation: _____

E-mail: _____

Mailing Address: _____

Property Address: _____

Construction: Brick or Frame

Sq. Ft.: _____

Year Built/Effective Year: _____

In City Limits: Y or N

Fire Class: _____

Roof Type: _____

Age of Roof: _____

Documentation for Roof? Y or N

Garage Type: _____

of Bathrooms: _____

Full ½ Bathrooms

Fireplace: Y or N Metal or Brick

Central Heat/Air: Y or N

Gas or Electric

Foundation: _____

Pool/Trampoline: _____

Fences: _____

Market Value: \$ _____

Additional coverages: _____

Claim History for Applicant for the last 5 years at any/all property insured: _____

Were all damages repaired? _____

Do you have proof of repairs? _____

Mortgagee: _____

Discounts: Auto/Life/Home

AUTO QUOTE

Date of Quote/Agent: _____/_____/_____

Name: _____ Phone #: _____

Address: _____

DOB: ____/____/____ SSN: ____-____-____ Marital Status: _____

DL#: _____ State: _____ Occupation: _____

E-mail: _____

Prior Ins. Co. _____ Prior Ins. Months _____ Exp: _____

Prior Limits: ____/____/____ Comp Ded: \$ _____ Coll Ded: \$ _____ Med. Pay: \$ _____

Glass Ded Buyback: Y or N Towing: Y or N Rental Car: Y or N UM: _____ Y or N

Vehicle 1: Year _____ Make: _____ Model: _____

VIN: _____ Lienholder: _____

Liability Limits: ____/____/____ Comp Ded: \$ _____ Coll Ded: \$ _____ Med Pay: \$ _____

Glass Ded Buyback: Y or N Towing: Y or N Rental Car: Y or N UM: _____ Y or N

Vehicle 2: Year _____ Make: _____ Model: _____

VIN: _____ Lienholder: _____

Liability Limits: ____/____/____ Comp Ded: \$ _____ Coll Ded: \$ _____ Med Pay: \$ _____

Glass Ded Buyback: Y or N Towing: Y or N Rental Car: Y or N UM: _____ Y or N

Vehicle 3: Year _____ Make: _____ Model: _____

VIN: _____ Lienholder: _____

Liability Limits: ____/____/____ Comp Ded: \$ _____ Coll Ded: \$ _____ Med Pay: \$ _____

Glass Ded Buyback: Y or N Towing: Y or N Rental Car: Y or N UM: _____ Y or N

Vehicle 4: Year _____ Make: _____ Model: _____

VIN: _____ Lienholder: _____

Liability Limits: ____/____/____ Comp Ded: \$ _____ Coll Ded: \$ _____ Med Pay: \$ _____

Glass Ded Buyback: Y or N Towing: Y or N Rental Car: Y or N UM: _____ Y or N