

Renters Fact Finder

Date: _____

Referred By: _____

Name: _____

Married

Single

Address: _____

Mailing Address : _____

Husband: _____

Occupation: _____

Date of Birth: _____

Cell Phone : _____

Social Security Number: _____

Email: _____

Wife: _____

Occupation: _____

Date of Birth: _____

Cell Phone : _____

Social Security Number: _____

Email: _____

Type of Residence: Apartment Condo House Mobile Home Other _____

Length of Stay at Current Residence: _ _ _ _

Is the Residence: Owned Rented Subleased

Do You live with Roommates? Yes

No

Monthly Rent: _ _ _

If Yes, please provide their names and relationship to you Names: _ _ _ _ _ _ _ _ _ _

Pets in Household? Yes No If Yes, please specify:

Type of Pet(s): _____ Breed(s): _____ Age(s):. _____

Number of Occupants in Household including yourself: _ _ _ _ _ _ _ _ _ _

Coverage Information

Desired Coverage Amount: \$25,000 \$50,000 \$75,000 \$100,000 Other:_____

Do you need coverage for:

Personal Property (e.g., furniture, electronics, clothing) Liability (e.g., injury to others, damage to property)

Additional Living Expenses (in case of displacement) Loss of Use Coverage Medical Payments to Others

Have you had renters insurance before? Yes No If yes, please provide:

Insurance company:_____ Policy Number:_____ Dates of Coverage:_____ Coverage Amount:_____

Do you own any valuable items (e.g., jewelry, electronics, artwork)? Yes No

If yes, please provide a brief description of the items:

Item(s): _____ Estimated Value: _____

Property Protection Information

Are there any security features in your residence? Yes No If yes, please check all that apply:

Deadbolt Locks Security Alarm System Carbon Monoxide Detectors Fire Extinguishers

Gated Access Other:_____

Is your residence equipped with sprinklers? Yes No Is there a history of flooding in your area? Yes No

Have you ever filed a renters claim Yes No Are you or anyone in your household a smoker? Yes No

If yes, please provide the details: Date of Claim:_____ Nature of Claim:_____