

**RENTER'S QUESTIONNAIRE**

Today's Date: \_\_\_\_\_ Producer Name: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Producer Phone: \_\_\_\_\_  
# of Years known applicant: \_\_\_\_\_

Insured/Co-Applicant  
Name(s): \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Insured Email: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Insured Date of Birth: \_\_\_\_\_ / Co-Applicant Date of Birth: \_\_\_\_\_  
Insured SS #: \_\_\_\_\_ / Co-Applicant SS #: \_\_\_\_\_  
Insured Occupation(s): \_\_\_\_\_ / Co-Applicant Occupation: \_\_\_\_\_  
Highest Education: High School      Associates Degree      Bachelor's Degree      Law or Medical Degree

**If at current address less than 3 years, please provide insured's previous address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount to be quoted on Personal Property/Contents: \_\_\_\_\_ Deductible: \_\_\_\_\_  
Liability Limit: \_\_\_\_\_ Medical Payment: \_\_\_\_\_ Jewelry/Valuable Items: \_\_\_\_\_

Year Built: \_\_\_\_\_ Year Rented: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Number of Stories (bldg.): \_\_\_\_\_ Number of Units (bldg.): \_\_\_\_\_

Construction Type: Frame      Aluminum      Vinyl Siding      Masonry      Masonry Veneer

Roof Type: Tile/Slate      Asphalt Shingle      Wood Shingle      Tar & Gravel

Any Dogs? Yes      No      If yes, indicate # and breed: \_\_\_\_\_

**Does the unit have any of the following (items must be in the unit, not the common areas):**

Monitored Fire Alarm      Burglar Alarm      (must provide alarm certificate)

Smoke Detectors      Fire Extinguisher(s)      Dead bolt

Any Property claims in past 5 years? Yes      No

If yes, provide details (date/type of loss/amount paid): \_\_\_\_\_

Current Carrier: \_\_\_\_\_ # Yrs w/Carrier: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Premium: \_\_\_\_\_