

**RENTER/TENANT QUOTE SHEET**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Name) (DOB) (SS#) (Single / Married)

Spouse : \_\_\_\_\_  
(Name) (DOB) (SS#)

Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years at current occupation: \_\_\_\_\_

Inside / Outside city limits

Physical Address of Property: \_\_\_\_\_  
(Street Address) (City, State, ZIP) (County)

Mailing Address if different: \_\_\_\_\_  
(Mailing Address) (City, State, ZIP)

Distance to fire hydrant (feet): \_\_\_\_\_ Distance to fire station(miles): \_\_\_\_\_

# of stories: \_\_\_\_\_ #of Occupancy: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_ Year Built: \_\_\_\_\_ Construction: \_\_\_\_\_

APT. \_\_\_\_\_ DUPLEX \_\_\_\_\_ HOME \_\_\_\_\_ MOBILE HOME \_\_\_\_\_ Alarm System (type) \_\_\_\_\_

HEAT & AIR: \_\_\_\_\_ FIREPLACE OR WOOD STOVE \_\_\_\_\_

Dogs: \_\_\_\_\_ Breed of Dog: \_\_\_\_\_

**Current Insurance** Carrier: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ How long w/previous company: \_\_\_\_\_

Any CLAIMS last 3 years: \_\_\_\_\_

\_\_\_\_\_  
(carrier) (amount paid) (repaired yes/no) (reason of loss)

**COVERAGES:**

Personal Property \$ \_\_\_\_\_

Personal Liability \$ \_\_\_\_\_

Medical Payments \$ \_\_\_\_\_

HIGH VALUE ITEMS \$ \_\_\_\_\_