



RENTERS' & CONDO OWNERS' INSURANCE QUOTE FORM

INSURED INFORMATION

Name:			
E-mail:			
Date of birth:	Occupation:	Phone:	
2 nd Named Insured:	Date of Birth:	Occupation:	
Insured address:			
City:	State:	ZIP Code:	
Mailing Address:	City:	State:	ZIP Code:

HISTORY INFORMATION
 (A copy of your current policies may be required for policy start.)

Current Carrier:	Premium:	New Purchase/Rental - Date:	NONE
Claims: No Yes Type:			Date:
Bankruptcy, Foreclosure, or Repossession? Yes No Type:			Date:
Cancelled or Declined coverage: No Yes	Sued Ins Carrier: No Yes	Felony: No Yes Type:	
Liability Coverage: \$100K \$300K \$500K Other:	Contents Coverage (in 1000's):		

HOME INFORMATION FOR CONDOS ONLY

Current Inspections*: 4-Point Wind Mitigation	Year built:	
Primary Residence?: No Yes	Ever Rented?: No Yes	Vacant/Seasonal?: No Vacant Seasonal
Roof Year:	Water Heater Year:	# of Occupants:
Monitored Alarm: Fire Burglar	Pets: No Yes #:	Breed:
Central AC/Heat: No Yes	AC Year:	Window Units: No Yes
Upgraded Kitchen: No Yes	Custom Cabinets: No Yes	Upgraded Appliances: No Yes
# of bathrooms: Full: ½:	Garage: # of cars: Type:	Built in Carport Detached None
Fireplace: No Yes	Shed: No Yes Type:	Wood Metal Concrete Other:
Flooring Type %: Carpet Tile Wood Laminate Terrazzo Other:		
Under Construction or Renovation: No Yes	Current Flood: No Yes	Do you need flood? No Yes

WOULD YOU LIKE US TO SHOP YOUR AUTO INSURANCE: NO YES CURRENT CARRIER:

*FOR HOMES OLDER THAN 1985: WIND MITIGATION AND 4 POINT ARE REQUIRED
 *FOR HOMES OLDER THAN 1999: WIND MITIGATION IS REQUIRED
 *FOR ALL HOMES: WIND MITIGATION WILL GIVE BEST DISCOUNT!

NOTES