MAKING A DIFFERENCE INSURANCE

RENTERS INSURANCE
SHORT QUOTE INTAKE FORM

APPLICANT & CONTACT INFORMATION

Named Insured / Applicant *

Date of Birth *

Phone Number *

Email Address *

RENTAL PROPERTY INFORMATION

Rental Property Address *

Lease Start Date

Property Type

Number of Occupants

☐ Primary residence ☐ Landlord requires insurance ☐ Unrelated roommates

INSURANCE HISTORY & CLAIMS

Current / Prior Carrier

Policy Expiration

☐ Claims in past 5 years ☐ Cancelled / non-renewed

If yes, briefly explain

REQUESTED COVERAGE

Personal Property Limit

Liability Limit

Deductible

☐ Water backup ☐ Replacement cost ☐ Jewelry / valuables

HOUSEHOLD & LIABILITY EXPOSURES

☐ Dog / animal ☐ Business from home ☐ Short-term rental / sublet

APPLICANT CERTIFICATION

I certify the information provided is true and complete to the best of my knowledge. This form does not bind coverage.

Applicant / Named Insured - Type Full Name *

Date *