



RENTAL INSURANCE QUOTE

Name (Nombre) _____ Last Name (Apellido) _____

Address (Direccion) _____

City _____ State _____ Zip code _____

Phone: _____ Cell: _____ E-MAIL _____

Marital Status _____ D.O.B _____ S.S _____

Prof. Occupation _____ Employer _____

Spouse Name _____ Last Name _____

D.O.B _____ S.S _____ Occupation _____

=====

INFORMATION PROPERTY TO BE INSURED

Property address : _____

City _____ State _____ Zip code: _____

Single Home Townhouse Apartment

Construction Type: _____ Roof: tiles shingles flat

Living area sq/ft: _____ Year Built _____ Stories # _____ Unit # in building _____

Content amount \$ to be insured _____ Content Replacement Cost: Yes No

Alarms connected to police: Central Local Sprinkler: Yes No Fire detectors

Prior Insurance _____ Expiration date _____ Pol. #: _____

Let us know if you lender has any special requirement about the insurance amount

In order to avoid the cancellation of a policy and place the risk more adequately the answer to the following questions are required



Any prior losses in the past 5 years: Yes No If yes what specified which of the following :

Fire: Yes No Water: Yes No Theft: Yes No Dog bites: Yes No

Dog/s breed/s: _____ Value of the recoveries: _____

Background

No bankruptcies in the past 60 months Yes No No liens past in the past 60 months Yes No

No judgments in the past 60 months Yes No No felony conviction in the past 10 years Yes No

No repossessions (voluntary or involuntary) in the past 60 months Yes No

No driving under the influence of alcohol or some other illegal substance in the past 10 years Yes No

No driver's license suspension or revocation in the past 5 years Yes No

No arrest for assault or battery or disorderly conduct in the past 10 years Yes No

No first party law suits against an automobile or homeowners insurance company Yes No

**Send us this application with a copy of your current insurance policy
and we will come back to you with our best quote.**