Renter's Insurance Application

pplicant Information
Name
Date of Birth
SSN
Email Address
Are you retired?

Dwelling Information				
What type of dwelling are you renting?				
 Apartment Condominium 	 Duplex Single-Family Home 	2	O Dormitory	
Address of Residence				
City		State	Zip Code	

Coverage Information
<u>Yes</u> <u>No</u>
\bigcirc \bigcirc Do you live with anyone? (Excluding children under 21)
O Does your lease contract require all residents at the property to carry renter's insurance?
 Have you or other residents of your household had any property insurance claims or losses in the past 7 years?
\bigcirc \bigcirc Do you conduct any business, including home daycare, on the premises?
O Do you have an animal that is vicious or attack trained, or that has previously bitten or injured anyone?
\bigcirc \bigcirc Is a swimming pool located on the premises ?
\bigcirc \bigcirc Is there a skateboard ramp/bike ramp/trampoline on the premises?
What date would you like coverage to begin?
How many years have you had continuous property insurance?
Please list reason for applying for new insurance.
How much personal property coverage do you need?
What type of animal(s) do you own?