



RENTERS' OR TENANT INSURANCE QUOTE (HO-4)

*** CONFIDENTIAL INFORMATION ***

HOW DID YOU HEAR ABOUT US? (CHOOSE ONE)

Ad Web Referred by (name): _____ Other: _____

YOUR INFORMATION			
FIRST NAME:		LAST NAME:	
PHYSICAL ADDRESS:			
CITY:		STATE:	ZIP:
MAILING ADDRESS (if different from physical address):			
CITY:		STATE:	ZIP:
HOME PHONE:	WORK PHONE:	CELL PHONE:	
EMAIL ADDRESS:		PREFERRED METHOD OF CONTACT:	
		HOME PHONE	WORK PHONE CELL PHONE E-MAIL
OCCUPATION:	CURRENT INSURANCE CARRIER (attach copy of current insurance, if possible):		RENEWAL DATE:

YOUR DWELLING / COVERAGE INFORMATION		
STRUCTURE TYPE:		ANY PETS?
DWELLING	APARTMENT CONDO TOWNHOUSE	YES NO
OTHER _____		IF YES, PLEASE SPECIFY: _____
PERSONAL PROPERTY:	PERSONAL LIABILITY:	DEDUCTIBLE:
\$25,000	\$300,000	\$500
\$50,000	\$500,000	\$1,000
\$75,000	OTHER (\$ _____)	
OTHER (\$ _____)		

YOUR CLAIMS (LAST 3 YEARS)	
CLAIM DATE:	DESCRIPTION:
CLAIM DATE:	DESCRIPTION:

COMMENTS OR ADDITIONAL INFORMATION: