



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

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

COMMENTS OR ADDITIONAL INFORMATION: