



Renters Insurance Questionnaire

Desired Effective Date: _____

Name: _____

Address: _____ Years: _____

Phone# _____ Email: _____

Marital Status _____

Date of Birth (1) _____ (2) _____

Social Security # (1) _____ (2) _____

Occupation (1) _____ (2) _____

Dwelling Information – Circle one

Square Footage (approx.): _____ Property Amount: _____

Year Built: _____ Number of Units: _____

Number of: *Stories* _____ *Families* _____ *Bedrooms* _____ *Baths*: Full _____ Half _____ *Kitchens* _____

Roof: Flat / Peaked _____ Garage: Attached / Detached 1 or 2 Car _____

Heat Type: Gas / Electric / Oil _____ Central Air: Yes / No _____ Fireplace: Yes / No _____

Basement:(Circle % that is completed) 0 / 25 / 50 / 75 / 100 Attic:(Circle % that is completed) 0 / 25 / 50 / 75 / 100

Central Station Burglar Alarm: Yes / No _____ Central Station Fire Alarm: Yes / No _____

Year Last updates done on: Roof _____ Wiring _____ Plumbing _____ Heating _____

Any Pets (please list) _____

Any claims within the last 3 yrs (if yes, please explain) _____

Do you have a lapse in coverage (if yes, please explain) _____