

Renters Insurance Questionnaire

PRIMARY NAMED INSURED:

First Name: _____ Last Name: _____ Married? Y / N

- DOB: _____
- SS#: _____
- Phone: _____
- E-mail: _____

CO-APPLICANT/SECONDARY INSURED/SPOUSE:

First Name: _____ Last Name: _____ Married? Y / N

- DOB: _____
- SS#: _____
- Phone: _____
- E-mail: _____

PROPERTY ADDRESS: _____

AMOUNT OF COVERAGE REQUESTED: _____

ANY SCHEDULED PERSONAL PROPERTY (cell phones, collectibles, guns, electronics, etc.)? Y / N