

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