

Proposed
Effective
Date: _____

RENTER'S INSURANCE APPLICATION

Applicant Name: _____ Birth Date: _____ M / F

Single -- Married living with spouse-- Divorced -- Married but separated (circle one)

Employed -- Student -- Homemaker -- Retired -- Unemployed -- Self-Employed -- Other _____ (circle one)

Address to be insured: _____ County _____

Previous address: _____

Phone number: _____ E-Mail: _____

Second Adult Name: _____ Birth Date: _____ M / F

Single -- Married living with spouse-- Divorced -- Married but separated (circle one) Related to Applicant? Y N How _____

Employed -- Student -- Homemaker -- Retired -- Unemployed -- Self-Employed -- Other _____ (circle one)

Child # 1 _____ DOB _____ Child # 2 _____ DOB _____

<p>Any Dogs? Y N Any occupants Smoke? Y N Does the home have deadbolt locks, smoke detectors, and a fire extinguisher? Yes No Monitored Security System? Yes No (circle one) Town-home -- Single Family -- Condo Apartment (how many Apts in a single building: _____) Exterior Construction (circle one): Brick/Hardi-Plank -- Stucco -- Vinyl -- Aluminum -- Wood Siding Home/Apt built when: _____ Fire Sprinkler system? Yes No</p>

Any Previous Property Coverage? Y N
(Example: Homeowner, Condo, Renters insurance)
Carrier Name: _____
Expiration Date: _____
Any claims? Y N

**** Significant Discounts are provided with previous home, renters, or condo policy. ****

Property Mgmt Co. or Landlord Name & Phone #: _____

As part of the application process, we may collect personal information from persons other than you or other individuals proposed for coverage, including credit reports and loss information reports. This information, as well as other personal or privileged information subsequently collected by us, may in certain circumstances be disclosed to third parties without your authorization. You have right of access and correction with respect to all personal information we collect. If you would like more detailed information in writing about our information collection practices, please let us know.

Completing and signing this form will result in the following actions: A renter's insurance policy will be submitted for approval in the amounts defined in the "example base policy". The coverage levels and premium details will be reviewed with the applicant via e-mail, phone call, or fax. A policy will be issued upon final approval from the applicant. **Please fax form to 678-893-9088.**

Signature(s)

Date

Example Base Policy
\$ 125.00 to 199.00+/-/ year (Credit based SS# not required.)
\$ 25/month (est. cost paid over 5+ mos.)
\$ 15,000 personal property coverage
\$ 300,000 family liability
\$ 1,000 guest medical
\$ Loss of Use (no limit—12 months)

Fax Application to 678-893-9088