



## renters insurance coverage survey

To help us determine the proper valuation for your apartment and understand your needs, please provide us with as much information as possible.

### contact information

#### insured 1

name \_\_\_\_\_

mail address \_\_\_\_\_

city \_\_\_\_\_

state \_\_\_\_\_ zip \_\_\_\_\_

date of birth \_\_\_\_\_

social security number\* \_\_\_\_\_

\*Used to verify your insurance score, which may determine eligibility with some insurance carriers.

home phone \_\_\_\_\_

daytime phone \_\_\_\_\_

email \_\_\_\_\_

occupation \_\_\_\_\_

#### insured 2

name \_\_\_\_\_

mail address \_\_\_\_\_

city \_\_\_\_\_

state \_\_\_\_\_ zip \_\_\_\_\_

date of birth \_\_\_\_\_

social security number\* \_\_\_\_\_

home phone \_\_\_\_\_

daytime phone \_\_\_\_\_

email \_\_\_\_\_

occupation \_\_\_\_\_

### property information

primary residence  yes  no

years at residence \_\_\_\_\_

year built \_\_\_\_\_

number of units in building \_\_\_\_\_

type of building  free standing house  apartment building  condo complex  other

type of construction  frame  masonry  not sure

primary heat source  electric  oil  gas  propane  stove  other

secondary sources of heat in use  wood stove  space heater  parlor heater  gas-on-gas stove

burglar alarm  unmonitored  monitored by central station

fire alarm  unmonitored  monitored by central station

interior sprinkler system  yes  no

smoke detectors  yes  no

swimming pool  none  indoor  outdoor above ground  outdoor in ground

fenced & locked  yes  no

fenced  yes  no

diving board  yes  no

slide  yes  no

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### general information

fire station     within 5 miles     over 5 miles

fire hydrant     within 1,000 feet     over 1,000 feet

smokers living in household     yes     no

conduct any business on property (incl. daycare)     yes     no

any residence employees     yes     no

trampoline     yes     no

animals     yes     no

# \_\_\_\_\_ type(s) \_\_\_\_\_ breed(s) \_\_\_\_\_

watercraft or other recreation vehicles owned     yes     no

description \_\_\_\_\_

additional residential property owned     yes     no ; if yes,     rental     owner occupied

other land owned     yes     no ; any structures on it     yes     no

has any applicant had a foreclosure, repossession or bankruptcy in the last 5 years?     yes     no

has coverage been declined or non-renewed for any reason in the last 3 years?     yes     no

have you reported any claims in the last 5 years?     yes     no

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### coverage options information

total **replacement cost value** of your personal property    \$ \_\_\_\_\_

policy deductible you want     \$500     \$1,000     \$2,500

liability coverage you want     \$500,000     \$1,000,000

*options for expanded home coverage you want us to quote:*

earthquake insurance     yes     no

flood insurance     yes     no

limited fungi, wet or dry rot, or bacteria increased coverage     yes     no

personal article floater for high value items (i.e. jewelry, silverware, antiques, art, etc.)     yes     no

water backup and sump discharge or overflow coverage     yes     no

umbrella liability protection     \$1,000,000     \$2,000,000     \$3,000,000     \$4,000,000     \$5,000,000

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### comments

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named insured signature \_\_\_\_\_ date \_\_\_\_\_

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