



## TENANTS QUOTE

Policy Holder(s)	
Name(s):	Email:
Date(s) of Birth:	
Address (Including Postal Code):	Phone H: C: W: <span style="float: right;">ext:</span>
Prior Address (If moved within 3 years):	Occupation: Company:  Continuously Employed Since:

Current/Most Recent Insurance:	Auto	Home/Tenants
Insuring Company:		
Expiration/Renewal Date:		
Policy Number:		

Insured:	
Contents Limit (Minimum \$40,000): \$	Risk address same as Policy Holder Address? <input type="checkbox"/> Yes <input type="checkbox"/> No If No; please provide address of risk:
Continuously carried home/Tenants insurance since: Cancellations for Non Payment (3 years): <input type="checkbox"/> No <input type="checkbox"/> Yes → How many? ____	Claims (10 Years): <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes; Details with dates:
Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$ _____	Liability Limit: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> Other \$ _____
Discounts: Non-Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Notes: