

Renter's Insurance Quote Form

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Occupation: _____ Date of Birth: _____

General Questions:

- Do you have a renter's insurance policy now? Yes No
- If yes, who is your current carrier? _____ Expiration Date: _____
- Do you have any dogs? Yes No If yes, describe breed:

- Do you have an alarm system? _____
- Have you had any claims to your unit or personal property in the last five (5) years? Yes No
If yes, please explain:

- Are there additional residents in the household? Yes No
If yes, please provide names and relationship to you:

Unit Information:

- Year Built: _____
- Total Number of Units in Building: _____
- Unit Square Footage: _____

Coverage Information:

- What value would you asses to your personal belongings? _____
**be sure to include ALL personal belongings. Use our Inventory List to assist in determining value.*

- Do you want to include Earthquake Insurance? Yes No

Multi-Policy Discounts Available

- Who currently writes your auto insurance? _____
- Are you interested in an auto insurance quote? Yes No

***If you currently have a Renter's Insurance Policy, please forward your current
declaration page along with this form via fax to: (818) 980-3240***

Or email to

tinah@quisenberryins.com