

New Tenants Policy Worksheet

Basic Info

Name _____ Address _____
Home Phone _____ Business Phone _____
Cell Phone _____ E-Mail Address _____
Effective Date _____ Frame/Masonry _____ Year of Construction _____
of Units in Building _____ # Firewalls _____
Claims in last 3 years (describe) _____
Pets (describe) _____ Business Use (describe) _____

Credits

Non-smoker Credit _____ Smoke Detectors _____ Fire Extinguishers _____ Deadbolts _____
Central Burglar Alarm _____ Central Fire Alarm _____ Sprinklers (In Unit, In Common Areas) _____
Account Credit _____

Optional Coverages (indicate whether coverages should be included, not included, and any comments)

Valuable Items (Jewelry, Silver, etc) _____
Earthquake _____
Water or Sump Pump Back-up _____
Umbrella Liability Coverage (must be approved by the company) _____
Other _____

An Insurance Score must be run to finalize our quote. We will need your Date of Birth and Social Security Number. For Data Security purposes please call our office with this information

Completed By _____ Date _____