



ALEXANDER EDDY  
INSURANCE AND  
FINANCIAL SERVICES

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INSURANCE • FINANCIAL SERVICES • EMPLOYEE BENEFITS • RISK MANAGEMENT

## Renter's Insurance Quote Form

Name: \_\_\_\_\_

Property Location: \_\_\_\_\_

How long at this address: \_\_\_\_\_

Year Built: \_\_\_\_\_ # of Residents: \_\_\_\_\_ Sq. Footage: \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_ # of Stories: \_\_\_\_\_

Animals: \_\_\_\_\_ Trampoline:  Yes  No Occupation: \_\_\_\_\_

Business conducted from home?:  Yes  No Attached garage?  Yes  No # of Cars: \_\_\_\_\_

Foundation:  Raised  Slab  Other: \_\_\_\_\_ Type of Roof:  Composition  Tile  Other: \_\_\_\_\_

Type of Plumbing:  Copper  Galvanized Type of Electrical:  Circuit breakers  Fuses

Updates / Service / Repairs within 10 years: Roof \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_

Heating: \_\_\_\_\_ Miles to Fire Station: \_\_\_\_\_ Feet to fire hydrant: \_\_\_\_\_

Flooding / Water Leakage: \_\_\_\_\_

Swimming Pool / Jacuzzi / Hot Tub / Spa:  Yes  No

Alarm:  Yes  No Fire / Theft: \_\_\_\_\_ Central / Local: \_\_\_\_\_ Smoke Detector:  Yes  No

Dead bolts:  Yes  No Wood Floors:  Yes  No Central Air Conditioning:  Yes  No

Scheduled personal property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the last 5 years have you had any property losses?  Yes  No

If yes, what kind of losses: \_\_\_\_\_

Have you purchased a homeowners, condominium owner's or renter's policy?:  Yes  No

Prior Insurance Carrier: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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