



Taylor & Taylor Associates, Inc.
 Taylor & Taylor, Ltd.
 www.taylorinsurance.com

RENTER'S INSURANCE QUOTE REQUEST FORM

NAME		
ADDRESS	STREET	APT/SUITE NUMBER
	CITY, STATE, ZIP	
HOME PHONE	WORK PHONE	E-MAIL ADDRESS
OCCUPATION	SSN	D.O.B.
EFFECTIVE DATE OF COVERAGE		

Co-Applicant Info (Leave Blank if Not Applicable)

NAME		
HOME PHONE	WORK PHONE	E-MAIL ADDRESS
OCCUPATION	SSN	D.O.B.

RESIDENCE INFORMATION

Residence Type	<input type="checkbox"/> House <input type="checkbox"/> Condo	<input type="checkbox"/> Apartment <input type="checkbox"/> Co-Op	Updates		Heating Type:
Construction Type	Year Built:		Roof:	Heating:	Alternate Heating? (wood/coal/pellet stoves, space heaters, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of Stories:		Plumbing:	Wiring:	
	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Steel Frame	Unit Square Footage:		Number of Units in Building:	
Distance to Fire Hydrant			Number of Units between Fire Walls:		
Distance to Fire Station			Trampoline?		
Subject to Flood, Wave Wash, Windstorm or Seacoast?			Any Business Conducted on Premises?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Skateboard or Bicycle Ramp?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

CONTINUED ON NEXT PAGE

Coverage Location (If Different from Above)

STREET	APARTMENT/SUITE NUMBER
CITY, STATE ZIP	

Coverage Limits

Please Enter the Requested Coverage Limits

Dwelling Coverage	Coverage for your Dwelling & Permanent Fixtures. Contact us for more details/assistance	
Personal Property	Please contact us for information on coverage for Valuable Items like Jewelry, Fine Arts, Antiques, etc.	
Personal Liability Coverage	We recommend a minimum of \$500,000 or \$1,000,000	
Medical Payments to Others Coverage	We recommend a minimum of \$5,000	
Deductible	We recommend a minimum of \$1,000 Options: \$500/\$1,000/\$2,500/\$5,000+	

Additional Information

UNDERWRITING INFORMATION

Any Losses in the past four (4) years? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please provide details on a separate sheet.
Current Insurance Carrier	Current Policy Number & Effective Date	Current Policy Premium

MORTGAGEE INFORMATION (IF APPLICABLE)

NAME	
ADDRESS	
ADDRESS (CONT.)	
CITY, STATE, ZIP	

The above information may/will be used to obtain your credit-based insurance score, motor vehicle history and premium quotation(s). You must speak to an account representative in order to bind coverage; coverages cannot be bound or changed by phone message.

It is common practice as part of the underwriting process that we may seek further information about you and any person insured under the policy from other sources to obtain an investigative consumer report containing claims, financial and credit history. If an investigation is made it will be handled in the strictest confidence. We will not disclose information without your consent unless that disclosure is necessary for us to conduct our business.

Signature _____

Date _____