



## Renter's Insurance Application

Name	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	
Phone	
Social Security Number	
Date of Birth	
Marital Status	
Highest level of education	
Occupation	
Years at this address	
If 1 year or less, what was your previous address and how long did you live there?	
Did you have any prior renter's insurance?	
If yes, what company?	
If no, why not?	
What year was your building built?	
How many floors?	
How many apartments?	
Do you have smoke alarms in your unit?	
Does anyone residing in your unit smoke?	
Do you have any dogs?	
If yes, how many and what breeds of dogs?	
What is the value of your Personal Property to be insured?	
What level of Personal Liability coverage do you want quoted?	



**JOHNSONESE**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_