

**R E N T E R S   I N S U R A N C E   Q U O T E   F O R M :**

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

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

County: \_\_\_\_\_

Type of property (circle) : Townhouse   House   Apartment   Condo

How many units in apartment building? \_\_\_\_ How many townhouses in strip? \_\_\_\_

Are there any of the following: (circle)

- Smoke detector?
- Fire alarm?
- Burglar alarm?
- Fire extinguisher?
- Sprinklers?
- Security?
- Locked gate or entrance?

Dollar amount of personal property: \_\_\_\_\_

Liability coverage desired: \_\_\_\_\_

Do you have a current renter's policy? Yes No

Are there any smokers in the household? Yes No

Do you have any dogs that have ever bitten anyone? Yes No

Is there a swimming pool? Yes No

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**Complete this form and fax to: Patton Insurance Brokerage, Inc.  
301.962.5092**