

SIG/Dansby & Associates

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Renter's Insurance Quote Sheet

Name: \_\_\_\_\_
Date of Birth: \_\_\_\_\_
Social Security: \_\_\_\_\_
Occupation: \_\_\_\_\_
Education Level: \_\_\_\_\_
Marital Status: \_\_\_\_\_
Primary Phone: \_\_\_\_\_
Email: \_\_\_\_\_

Spouse: \_\_\_\_\_
Date of Birth: \_\_\_\_\_
Social Security: \_\_\_\_\_
Occupation: \_\_\_\_\_
Education Level: \_\_\_\_\_
Marital Status: \_\_\_\_\_
Primary Phone: \_\_\_\_\_
Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if different than mailing): \_\_\_\_\_

How long have you lived at this Address? \_\_\_\_\_ County: \_\_\_\_\_ Mobile Home: Y N

Previous Address: \_\_\_\_\_

Previous Carrier: \_\_\_\_\_ Policy # (if know): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home based business: Y N If Yes, describe \_\_\_\_\_

Time Spent at Present Address (In Years): \_\_\_\_\_

Dwelling Type: (Apartment, House, etc.): \_\_\_\_\_

Construction Type (Brick, Frame, etc.): \_\_\_\_\_

Alarm System: Y N

Current or most recent Property Insurance Carrier: \_\_\_\_\_

Has property insurance been dissolved? Y N

If yes, explain: \_\_\_\_\_

Business on the premises? Y N

If yes, explain: \_\_\_\_\_

Dogs on the premises? Y N

If yes, how many? \_\_\_\_\_

If yes, list breed of dogs: \_\_\_\_\_

Does any dogs have a violent or aggressive history? Y N

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total value of property: \_\_\_\_\_

Notes:

Please sign to authorize SIG/Dansby & Associates to run quote with your insurance score and claims history in order to receive an accurate quote. By signing you also state you understand completion of this form does not imply or guarantee coverage.

X \_\_\_\_\_

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