agencyservicebureau
UNIQUE INSURANCE SERVICE INC

Renters Quote Request Form

Date Submitted: _____

General Information:

Named Insured: _____ Named Insured: _____

DOB: _____ Marital Status: Married DOB: _____ Marital Status: Married

Occupation: _____ Occupation: _____

Email: _____ Phone #: _____ Effective Date Requested: _____

Mailing Address: _____

Property Information:

Property Address (if different than mailing): _____

Prior Address (if less than 3 years at current address): _____

Date Occupied: _____ Dwelling Type: Single Family Dwelling Construction Type: Wood Frame

Year Built: _____ Square Feet: _____ # of Stories: _____ # of Units in Building: _____

Roof Type: Comp/Asphalt Roof Condition: Excellent Thermostat-Controlled Central Heat?: ☐ Yes ☐ No

Swimming Pool: ☐ Yes ☐ No If yes, is the pool inground or above ground? _____ Fenced?: ☐ Yes ☐ No

Trampoline: ☐ Yes ☐ No Animals: ☐ Yes ☐ No If Yes, what type, breed & bite history? _____

Optional Discounts:

☐ Smoke Alarm ☐ Dead Bolt ☐ Fire Extinguisher ☐ Fire Sprinklers Central Alarms: ☐ Fire ☐ Burglar

Requested Coverage Limits:

- All Perils Deductible: _____
- Personal Property: _____
- Liability Coverage: _____
- Medical Payments: _____
- Earthquake Coverage (Y/N): _____

ASB Minimum Coverage Requirements:

Deductible: $500
Personal Property: $50,000
Liability: $300,000

Optional Coverages:

List any specific coverage such as scheduled valuable articles, etc.

_____

Claims History:

Losses within the last 5 years? ☐ Yes ☐ No If yes, describe: _____

Additional Info:

Current Carrier & Premium: _____ List below any Carriers or other Wholesalers you are approaching directly:

_____

Agency Information:

Agency Name: _____ Email Address: _____

To Request a Quote, submit the completed form to: plnewbusiness@asbagent.com