



AVERY
ANALYZE · ADVISE · ADVOCATE

PERSONAL INSURANCE – RENTERS QUESTIONNAIRE

GENERAL INFORMATION:

DATE:	HOW DID YOU HEAR ABOUT AVERY?		
FIRST NAMED INSURED:			
MAILING ADDRESS:			
PHONE:	EMAIL:	MARITAL STATUS:	
OCCUPATION:	EMPLOYER:	DOB:	
PRIOR ADDRESS (IF LESS THAN 3 YEARS AT CURRENT)		SOCIAL SECURITY #:	
<i>PAPERLESS OR USPS: Some carriers offer a premium discount for opting to receive your policy documents and bills via email instead of by mail. Please let us know your preference.</i>			<input type="checkbox"/> PAPERLESS/EMAIL <input type="checkbox"/> REGULAR MAIL/US POSTAL SERV.
<i>Certain insurance carriers utilize consumer credit-based insurance scoring as part of their rating process and may require your SSN.</i>			
SECOND NAMED INSURED:			
PHONE:	EMAIL:	MARITAL STATUS:	
OCCUPATION:	EMPLOYER:	DOB:	
RELATIONSHIP TO 1ST NAMED INSD:	SOCIAL SECURITY #:		

PROPERTY INFORMATION:

FULL ADDRESS OF INSURED LOCATION:	PROPOSED EFFECTIVE DATE OR LEASE START DATE:	
ANY OTHER PARTIES NAMED ON THE LEASE OR ANY OTHER OCCUPANTS OTHER THAN THE NAMED INSURED(S) SHOWN ABOVE?		
YEAR BUILT:	SQ FT:	VALUE OF PERSONAL PROPERTY TO BE INSURED:
OCCUPANCY:	HEAT TYPE:	OTHER:
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	(Check all that apply) <input type="checkbox"/> CENTRAL GAS OR ELECTRIC <input type="checkbox"/> WINDOW UNITS <input type="checkbox"/> SPACE HEATERS <input type="checkbox"/> OTHER _____	

SECURITY AND PROTECTION

FIRE HYDANT WITHIN 1000 FT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE STATION WITHIN 5 MILES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
CENTRAL ALARM SYSTEM IN YOUR UNIT?	<input type="checkbox"/> CENTRAL FIRE	WORKING SMOKE DETECTORS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Alarm certificate will be required.</i>	<input type="checkbox"/> CENTRAL BURGLAR		
OTHER SECURITY FEATURES:			

UNDERWRITING

ANY ANIMALS OWNED OR KEPT ON PREMISES? <i>Provide breed, bite history, and obedience training details.</i>		SAFETY NET ENCLOSURE?	
TRAMPOLINE ON PREMISES?	<input type="checkbox"/> NO <input type="checkbox"/> YES	FENCED/LOCKED?	<input type="checkbox"/> NO <input type="checkbox"/> YES
POOL ON PREMISES?	<input type="checkbox"/> NO <input type="checkbox"/> YES		
ANY PROPERTY OR LIABILITY CLAIMS IN THE LAST 5 YEARS AT THIS OR ANY OTHER LOCATION YOU OWN? <i>(Provide date and description of loss.)</i>			
ANY VALUABLE ARTICLES OR COLLECTIONS?		<input type="checkbox"/> JEWELRY <input type="checkbox"/> FINE ARTS <input type="checkbox"/> SILVER/GOLDWARE <input type="checkbox"/> GLASSWARE <input type="checkbox"/> CAMERAS <input type="checkbox"/> COINS/STAMPS/BOOKS <input type="checkbox"/> MUSICAL INSTRUMENTS <input type="checkbox"/> OTHER _____	
DO YOU HAVE AN UMBRELLA POLICY?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, what coverage limit? _____ EXCESS LIABILITY EXCESS UNINSURED MOTORIST	
HAS PRIOR COVERAGE BEEN CANCELLED OR NON-RENEWED?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, provide date and reason for cancellation or non-renewal.	
FILED BANKRUPTCY IN THE PAST 5 YEARS?	<input type="checkbox"/> NO <input type="checkbox"/> YES		
WOULD YOU LIKE MORE INFORMATION OR PRICING ON ANY OF THE FOLLOWING TYPES OF COVERAGE?	<input type="checkbox"/> AUTO <input type="checkbox"/> FLOOD <input type="checkbox"/> EXCESS FLOOD <input type="checkbox"/> UMBRELLA <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> SINKHOLE <input type="checkbox"/> WATERCRAFT <input type="checkbox"/> RV <input type="checkbox"/> ATV <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> GOLF CART <input type="checkbox"/> CLASSIC/ANTIQUA CAR <input type="checkbox"/> COMMERCIAL		

ADDITIONAL COMMENTS: