



**Renters Insurance Quote Request**

1353 Palmetto Ave. Suite 100 Winter Park, FL 32789  
(888) 848.1787, P (321)972.4863, F (407)628.1671  
www.Lsjins.com, e: info@Lsjins.com

Coverage is not bound until we instruct you so and a binder or policy has been issued. Type or print and fax to us

**CONTACT INFORMATION:**

Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Unit # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ work Ph: \_\_\_\_\_

**SPOUSE INFORMATION:**

Name: \_\_\_\_\_ Work Ph: \_\_\_\_\_  
DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**PROPERTY INFORMATION:**

- a. How many units in the complex: \_\_\_\_\_
- b. No. of units per Building? \_\_\_\_\_
- c. Is there a fire wall between units?  Yes  No
- d. Is there an Apartment or Condo Association?  Yes  No

**RATING INFORMATION:**

- 1. What year was this dwelling built? \_\_\_\_\_
- 2. Do you have a fireplace?  Y  N, If yes what type? \_\_\_\_\_
- 3. What type of dwelling?  Single Family home  Duplex  Mobile home  Apartment  Condo  Townhouse  Other
- 4. What type of construction?  Frame  Masonry  Aluminum Siding
- 5. Do you have a woodstove?  Y  N
- 6. Do you have security alarm?  Y  N  
If yes what type? \_\_\_\_\_ If monitored by whom \_\_\_\_\_
- 7. What is primary source of heat? \_\_\_\_\_
- 8. What is the secondary source of heat? \_\_\_\_\_
- 9. Have you had any losses in the last 3 years?  Yes  No; If yes Describe: \_\_\_\_\_
- 10. Do you have renters Insurance?  Y  N
- 11. Do you own any pets?  Y  N; If yes describe: \_\_\_\_\_

**COVERAGE INFORMATION:**

- 1. What is the total value of your personal property? \$ \_\_\_\_\_
- 2. Do you want earthquake coverage?  Y  N
- 3. Do you have collections worth over \$500?  Y  N; If yes describe: \_\_\_\_\_
- 4. Do you have single piece(s) of jewelry valued over \$500?  Y  N; If yes describe: \_\_\_\_\_
- 5. Do you have work tools that need coverage?  Y  N  
If yes describe: \_\_\_\_\_
- 6. Do you operate a business out of your residence?  Y  N; If yes describe: \_\_\_\_\_

**ADDITIONAL INSURED:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account or Loan #: \_\_\_\_\_

**LIENHOLDER/MORTGAGE INFO:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Loan Number: \_\_\_\_\_ Is building?  Owned  Leased  
Legal description: \_\_\_\_\_

**Additional** comments or special circumstances or coverage needs? \_\_\_\_\_