



Renters Insurance Quote Request Form

E-mail to: Personal@j-freeman.com ▪ Fax To: (864) 331-4401

Date: _____

Insured

Last Name: _____ First Name: _____ DOB: _____

Gender: _____ SS #: _____ DL #: _____ DL State: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Occupation: _____

Phone: _____ Alt. Phone: _____

Marital Status: _____ Email: _____

Spouse

Last Name: _____ First Name: _____ DOB: _____

Gender: _____ SS #: _____ DL #: _____ DL State: _____

Occupation: _____

Phone: _____ Alt. Phone: _____

Years at current address: _____

Previous Address (if less than 3 years): _____

City: _____ State: _____ Zip: _____ County: _____

Renters

Year Built: _____ Other: _____

Deductible: _____ Other: _____

of Apartments per Building? _____ Personal Property to be insured: _____

Do you have any of the Following in your home or apartment? [Check All that Apply]:

Apartment Community Gated? _____ Security Guard on duty 24 hours a day? _____

Do you have any Jewelry, Guns, Art or other valuables worth more than \$ 2,500 each?

List Valuables over \$ 2,500: _____

List all Losses in the past 3 years: _____

Current Carrier: _____ Premium: _____ Per: _____

Policy Expiration Date: _____

IMPORTANT: REPLACEMENT COST ON CONTENTS & DWELLING INCLUDED IN ALL QUOTES