

RENTERS INSURANCE APPLICATION

CLIENT INFORMATION

Name:		Home phone:	
Insured Address:		Home fax:	
City:		Work phone:	
State, Zip:		Work fax:	
County:		Email:	
Industry/Job Title (h):		Date of birth:	(h) (w)
Industry/Job Title (w):		Children & ages:	
Social Security # (h):			
Social Security # (w):		Referred by:	

BUILDING INFORMATION

Year Built:			
Building Construction:			
Hydrant within 1,000 feet?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire station w/in 5 miles?	Yes <input type="checkbox"/> No <input type="checkbox"/>

RATING INFORMATION

Replacement cost of contents:	\$	
Limit of Liability requested:	\$	\$

DISCOUNT INFORMATION

Burglar alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, central off-site monitoring?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, central off-site monitoring?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Smoke detectors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, hard wire connection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sprinkler system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, central off-site monitoring?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire extinguisher(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of extinguishers:	
Fire escape ladder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Location of ladder:	
Security guard patrol/gated community?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe security or community:	
Lightning protection system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Full time caretaker?	Yes <input type="checkbox"/> No <input type="checkbox"/>
24 hour signal continuity?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Seismic shut-off value?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Power back-up generator?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Temperature monitoring system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
External perimeter protection?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas leak detectors?	Yes <input type="checkbox"/> No <input type="checkbox"/>

LOSS INFORMATION

Any losses in the past five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:

SPECIAL COVERAGE INFORMATION

Do you wish to insure any of the following?			
Jewelry	Describe:		Value: \$
Furs	Describe:		Value: \$
Guns	Describe:		Value: \$
Fine arts	Describe:		Value: \$
Silverware	Describe:		Value: \$
Cameras	Describe:		Value: \$
Coin collection	Describe:		Value: \$
Musical instruments	Describe:		Value: \$
Wine collection	Describe:		Value: \$
Sports memorabilia	Describe:		Value: \$
Other collectibles	Describe:		Value: \$
Do you have a home safe?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have jewelry in a bank vault?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
SPECIAL PROPERTY INFORMATION			
Do you own any of the following?			
Timeshare	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
ATV	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Jet ski	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Boat/yacht	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Airplane	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Motorcycle	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Vacation home	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Mobile home	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Camper trailer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Vehicle trailer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Antique/classic car	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Street rod/race car	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Exotic car	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Car club membership	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Do you participate in "on-track" auto events?	Describe:		
FLOOD AND EARTHQUAKE INSURANCE OPTION			
Your policy does not automatically include Flood or Earthquake Insurance. Do you wish to receive a quote for Flood and/or Earthquake Insurance?			Yes <input type="checkbox"/> No <input type="checkbox"/>

In connection with this application for insurance, the insurer may review your credit report or obtain or use a credit based insurance score based on the information contained in that report. The insurer may use a third party in connection with the development of your insurance score.

Signature _____

Date _____

Please return completed form to:

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