



## RENTERS QUOTE FORM

Name of Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

How would you prefer to be contacted? *(please circle one)*      **Phone**      **Email**

*\*We cannot write rental properties unless we insure the applicant's primary residence.*

---

Responding Fire Department: \_\_\_\_\_

Miles from Fire Department: \_\_\_\_\_ Feet to Hydrant: \_\_\_\_\_

Pers. Property Coverage Amt: \_\_\_\_\_ Deductible: \_\_\_\_\_

Year Built:: \_\_\_\_\_ Year Renovated: \_\_\_\_\_

Construction/Exterior Type: \_\_\_\_\_

Additional Comments:

**\*Please note this is an interoffice form for The Piedmont Group and for file purposes only\***

Fax or e-mail completed forms to (301) 865-9033 or [info@tpgins.net](mailto:info@tpgins.net)