

Renter - Condominium Quote Sheet

Personal Information				
Name		Date of Birth		
Address		City, State, Zip		
Email		Phone #		
Rental Property - Condominium Information				
# of family units on the property / in the building?		Year the property / building was built?		
Does the property have:	Item	Yes	No	Additional Coverage / Notes
	Smoke alarm?			
	Fire extinguisher?			
	Deadbolt locks?			
# of Rooms	Living room			
	Kitchen			
	Breakfast Nook			
	Dining room			
	Bedroom			
	Den / Study / Office			
	Family / Recreation Room			
Renter - Condominium Owner Information				
Do you own your:	Item	Yes	No	Additional Coverage / Notes
	Appliances			
	Window Hangings			
	Carpeting			

Renter - Condominium Quote Sheet