

# Self Insurance Services, LLC

## Renter Quote Sheet

**Name:**  
**Address:**

**Date of Birth:** \ \

**SSN:**

**Phone #:**

1. **Construction Type:** *(please circle one)*

- Frame less than 10% brick
- Greater than 67% brick veneer
- Frame with aluminum siding
- 10-33% brick veneer
- 34-66% brick veneer

2. Circle your primary source of heat: Gas      or      Electric

3. Approximately how many feet to your nearest fire hydrant? \_\_\_\_\_ Ft.

4. **Coverage**

Personal property    \$ \_\_\_\_\_  
Loss of use            \$ \_\_\_\_\_

*(Please circle one)*

Liability: \$100,000; \$200,000; \$300,000; \$500,000

Medical payments: \$1,000; \$2,000; \$5,000

Deductible: \$500; \$1,000; \$1,500; \$2,500

5. In the past five years have you had any property claims: Yes      or      No

If Yes, please

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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