

Proposed
Effective
Date: _____

Low Cost Renters Insurance
www.LowCostRenters.com



Applicant Name: _____ Birth Date: _____ M / F

Single -- Married living with spouse-- Divorced -- Married but separated (circle one)

Employed -- Student -- Homemaker -- Retired -- Unemployed -- Self-Employed -- Other _____ (circle one)

Address to be insured: _____ County _____

Current Address: _____

Previous address: _____

Phone number: _____ E-Mail: _____

Second Adult Name: _____ Birth Date: _____ M / F

Single -- Married living with spouse-- Divorced -- Married but separated (circle one) Related to Applicant? Y N How _____

Employed -- Student -- Homemaker -- Retired -- Unemployed -- Self-Employed -- Other _____ (circle one)

Child # 1 _____ DOB _____ Child # 2 _____ DOB _____

Any Dogs? Y N Any occupants Smoke? Y N
Does the home have deadbolt locks, smoke detectors, and a fire extinguisher? Yes No
Fire Sprinkler System? Yes No
(circle one) Town-home -- Single Family -- Condo
Apartment, how many units in Apt. building: _____

Any Previous Property Coverage? Y N
(Example: Homeowner, Condo, Renters insurance)
Expiration Date: _____
Any claims? Y N

Complex or Property Management Company Name: _____

Leasing Agent Name & phone number: _____

As part of the application process, we may collect personal information from persons other than you or other individuals proposed for coverage, including credit reports and loss information reports. This information, as well as other personal or privileged information subsequently collected by us, may in certain circumstances be disclosed to third parties without your authorization. You have right of access and correction with respect to all personal information we collect. If you would like more detailed information in writing about our information collection practices, please let us know. We will NEVER ASK for your Social Security Number.

Coverage Choices:

Base Coverage *

- \$ 90.00 to 140.00+/- year
- \$ 11.50+ per month
- \$ 15,000-\$20,000 property coverage
- \$ 100,000 – 300,000 family liability
- \$ 1,000 medical

**These are average pricing options including solutions for customers with or without credit.*

Customized Coverage *

Have our office call for coverage customized to meet your needs or call us at **678-648-1900** or **1-877-77GoAIB (1-877-774-6242)**

Completing and signing this form will result in the following actions: A renter's insurance policy will be submitted for approval in the amounts defined above. The coverage levels and premium details will be reviewed with the applicant via e-mail, phone call, or fax. A policy will be issued upon final approval from the applicant.

Please fax form to 678-254-1320 or e-mail to sales@goaib.com .

Signature(s) _____

Date _____