

RENTERS HO4

COMPANY: _____ EFF DATE: _____ LOSSES (no more than 2): _____

HO4

DATE: _____ PRODUCER: _____

NAME: _____ PHONE: _____

DOB: _____ SS # (Last 4): _____

LOCATION: _____

CONSTRUCTION: (J/M,Frame) _____ # UNITS IN BUILDING: _____ YR BUILT: _____

PERSONAL PROPERTY: _____ COMMERCIAL OCCUPANCY IN BUILDING? Y/N
(**\$10-50,000 MAX**)

LOSS OF USE: **20% of Coverage C-Personal Property**

PREVIOUS CARRIER: _____ POLICY #: _____ EXP DATE: _____

LOSSES: 1.

DATE: _____ AMOUNT: \$ _____ TYPE: _____

2.

DATE: _____ AMOUNT: \$ _____ TYPE: _____

COVERAGES: (circle desired)

Liability: \$25,000 - \$50,000 - \$100,000

Medical: \$2,000

DEDUCTIBLE: \$500 or \$750

OPTIONAL COVERAGE: \$120 WATER BACK-UP AND SUMP DISCHARGE Y / N