



Renter's — Questionnaire

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Personal Information:

Insured #1: First Name: Last Name: Date of Birth: Marital Status: Occupation: How did you find us? Mailing Address: City State ZIP Telephone Number: E-mail Address:

Insured #2: First Name: Last Name: Date of Birth: Relation to Insured: If listing roommate, coverage may not be available.

Property Information:

Type of Residence: # units in your building: Date you moved in: Property Address: City State ZIP Dwelling have an HOA? Construction Type: Roof Type: Interior Automatic Fire Sprinklers: Theft Alarm: Fire Alarm: If you or a roommate run a business out of your home, explain?

Does the dwelling have a pool? Yes No If yes, is it fenced? Yes No Is there a diving board? Yes No Is there a slide? Yes No Does the dwelling have a trampoline? Yes No If yes, with full net? Yes No Anchored to ground? Yes No Fire Extinguisher? Yes No Smoke Alarm? Yes No Deadbolts? Yes No

Any Losses or Claims in the last 5 years (all addresses lived at)?

If yes, list Date, Amount Paid & Description of Each Loss or Claim:

Any Dogs or Pets on the Property? Yes No Have your pets ever bitten someone? Yes No

List the Number of pets/dogs & the Breed(s) of Each Pet (Clarify if Mixed Breed):

Coverage Information:

Personal Property (Coverage C) Policy Deductible: Premise Liability (Coverage E) My Auto policy is with: Scheduled Item? list description & value:

Notes for Agent: