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**CAPITAL INSURANCE SERVICES**

[www.capitalinsurance.com](http://www.capitalinsurance.com)

Renters Quote Sheet

Name: \_\_\_\_\_ Spouse Name (if applicable): \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN\*: \_\_\_\_\_  
 (Spouse) Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN\*: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ (Spouse) Occupation: \_\_\_\_\_  
 If you are self-employed, where is your business located? \_\_\_\_\_

Residential Information				Miscellaneous Information			
Year home built		# of Units		Non-Smoker Household	Yes	No	
Current Coverages				Dead bolts	Yes	No	
Personal Property				Fire Extinguisher	Yes	No	as
Liability Amount				Responding Fire Dept.			
Medical Payments				# of Miles to Fire Dept.			
Deductible				# of Feet to Fire Hydrant			
Additional Living Expense							
Loss of Rents							

If Renting a Home

If you have a pool or trampoline is your yard fenced \_\_\_\_\_

If there is a pool, do you have a diving board or slide \_\_\_\_\_

Additional Information

If you have a dog, please indicate the breed(s) \_\_\_\_\_

Scheduled Items (i.e. jewelry, fine arts, furs, guns, or musical instruments, etc.) \_\_\_\_\_

Do you belong to any groups, credit unions or professional organizations? \_\_\_\_\_

Current Insurance Information

Company Name: \_\_\_\_\_ Annual Premium: \_\_\_\_\_

Current Coverage: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*\*Your social security number will only be used for obtaining an insurance score only and is necessary to give you an accurate quote. This has no impact on your credit score.*