



Renter's Insurance Fact Finder
Email or Fax Completed Form
info@michellecrawfordbenefits.com
Fax: 706-568-9979

General Information

Name: _____ Home Phone: _____
Email: _____ Work Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Occupation: _____ Date of Birth: _____

General Questions

Do you currently have a renter's insurance policy? () Yes () No
If yes, who is your current carrier? _____ Expiration Date: _____
Do you have any dogs? () Yes () No If yes, describe breed: _____
Do you have an alarm system? () Yes () No
Have you had any claims to your unit or personal property in the last five years? () Yes () No
If Yes, please explain: _____
Are there any additional residents in the household? () Yes () No
If yes, please provide names and relationship to you:

Coverage Information

What value would you asses to your personal belongings? _____
• Be sure to include **ALL** personal belongings. Use inventory list to assist in determining value.

Multi-Policy Discounts Available

Who currently writes your auto insurance? _____
Are you interested in an auto insurance quote? () Yes () No

Visit our Website at www.michellecrawfordbenefits.com for additional sales tools.
Crawford Benefits
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