

Renters Quote Form

Fill out completely for a firm quote

info@solutiononeinsurance.com

office: (713) 446-0335

Insured Information

First Name: _____ Middle Name: _____ Last Name: _____
Location Address: _____ Apartment Number: _____ Phone Number: _____
Location City: _____ Location State: TX Location ZIP Code: _____
County: _____ Email: _____
Date of Birth: _____ Location Contents: \$ _____ Effective Date: _____
Residence Type: _____

Consumer Report Authorization

Mailing address: same as above
Current Address: _____ City: _____ State: _____ ZIP code: _____
Years at this address: 0-11 months 1 year 2 or more years Social Security Number: _____
Has the insured given permission to run a credit report: yes no
Previous address (Only required when less than 2 years at current address): _____
City: _____ State _____ ZIP code: _____ Ineligible Breed of Dog? yes no

Claims and Rating Information

Marital Status: Married Single
Prior Liability Limit: <\$300,000 \$300,000 > \$300,000
 No Prior or Lapse greater than 30 days Lapse in Coverage (30 days or less)
Reported Claims excluding Wind, Hail, or Lightning in the past 3 yrs:
 0 claims 1 claim 2 claims 3 claims more than 3

Increase / Decrease Limits

Liability: \$100,000 / \$300,00 / \$500,000 Medical Payments Limit: \$1,000 / \$2,500 / \$5,000

Discounts and Surcharges

E-Policy (paperless) E-Signature Secured Subdivision Paid in Full Discount
Progressive Auto Package Policy Discount: none 50/100 < 50/100 100/300 250/500

Deductibles

Progressive Renter and Auto Benefits: \$500 \$250 \$1000

Optional Coverages

HomeShield-R Package: yes no Home Computer Coverage (\$3,000 - \$10,000): _____
Increase Jewelry, Watches & Furs (\$2,000 - \$5,000): _____

Schedule Personal Property

Quantity: _____ Amount: _____