

**RESIDENTIAL RENTED DWELLING/CONDOMINIUM PROGRAM  
QUOTATION REQUEST**

Name: \_\_\_\_\_

Address (Including Postal Code): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Is your property currently insured? No Yes

Number of years of prior insurance: \_\_\_\_\_

Any losses in the last 5 years: No Yes

**Property Type:**

Single Family Dwelling: \_\_\_\_\_ Duplex: \_\_\_\_\_ Triplex: \_\_\_\_\_

Fourplex: \_\_\_\_\_ Condominium: \_\_\_\_\_ Co-op: \_\_\_\_\_

**Amount of Coverage Required:**

Dwelling: \$ \_\_\_\_\_

Contents: \$ \_\_\_\_\_

Liability: \$ \_\_\_\_\_

Gross Annual Rental Income: \$ \_\_\_\_\_

Who is responsible for maintaining the dwelling? \_\_\_\_\_

How often is the home inspected? Exterior \_\_\_\_\_ Interior \_\_\_\_\_

Type of Rental Agreement (circle appropriate):

Monthly (long term) Daily (short term) Weekly (short term)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_