

# WRC AGENCY

P.O. Box 7988, Madison, Wisconsin 53707-7988  
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## **Renter's Insurance Quote Form**

1<sup>st</sup> Auto Agent

Lead Referral

Mutual Agent

**\*\*Please note that the accuracy of our quote(s) provided to you is only as accurate as the information that you have provided to our agency.**

|   |  |                  |  |
|---|--|------------------|--|
| Client Name<br>(Including M.I.)         |  | Mutual           |  |
| Mailing Address                         |  | Agency           |  |
| How long at Address?                    |  | Agent            |  |
| Prior Address<br>(If less than 3 years) |  | Agent<br>Phone # |  |
| Client County                           |  | Agent E-mail     |  |
| Client Phone #                          |  | Client E-mail    |  |

|  |  |
|--|--|
| Is the mailing address the same as the location address? |  |
| If not, please list the location address:                |  |

## **INSURED INFORMATION**

|    | Name | Sex | Date of Birth | Marital Status | Relation to Occupant | Occupation | Driver's License # | License State |
|----|------|-----|---------------|----------------|----------------------|------------|--------------------|---------------|
| 1. |      |     |               |                |                      |            |                    |               |
| 2. |      |     |               |                |                      |            |                    |               |

## **LOSS HISTORY**

| Name | Please list a detailed description of any losses within the past 7 Years. | Claim Amount |
|------|---|--------------|
|      |   |              |
|      |   |              |
|      |   |              |
|      |   |              |
|      |   |              |

## DWELLING INFORMATION

|  |  |
|--|--|
| Residence Type:  |  |
| Dwelling Use:  |  |
| Year building was originally built:  |  |
| Is it inside City Limits?  |  |
| Fire Protection Provider:  |  |
| Construction Type:   |  |
| If Construction Type is 'Other', please describe:  |  |
| Does tenant have a dog?  |  |
| If so, please list breed, gender, age of dog AND any bite history:   |  |
| Number of occupants in the client's dwelling?  |  |
| Number of people you employ for more than 9 hours/week (Gardener, Housekeeper, Caregiver, Nanny, etc...)   |  |
| Number of Apartments:  |  |
| What type of Burglar Alarm is on the premises?   |  |
| Is the building fully protected by an operational sprinkler system covering 100% of the premises?  |  |
| Does the building have a central station fire alarm?   |  |
| Do all habitational units have functioning and operational carbon monoxide detection alarms?   |  |
| Does the unit have central heat?   |  |
| Is the unit vacant?  |  |
| During the next 12 months will there be any construction or renovations at any of the locations?   |  |
| If so, please describe:  |  |
| Are there any wood-burning stoves, space heaters or temporary heating devices? If yes, please indicate which one:  |  |
| Are secondary or seasonal units properly secured, and do they maintain the utilities or temperature controls to at least the minimum level while the unit is occupied? |  |
| Are there functioning and operational smoke detectors in all units and/or occupancies?   |  |

## LIABILITY APPLICANT INFORMATION

|  |  |
|--|--|
| Is there an Additional Insured Endorsement required for this risk?   |  |
| Are there any business exposures at any location?  |  |
| Are there any farming activities of any kind at any location?  |  |
| Has the applicant or any resident of the applicant's household been convicted of a felony within the past 5 years?       |  |
| Are any locations used as student housing, subsidized housing, rooming houses, assisted living facilities or group home? |  |
| Are there any exotic pets, farm or saddle animals owned by the applicant or household member?                            |  |

## PRIOR INSURANCE INFORMATION

|  |  |
|--|--|
| Is client currently insured?                     |  |
| Current Insurance carrier:                       |  |
| Current Liability Limit:                         |  |
| Please list other companies already quoted with: |  |

## COVERAGES

|                             |  |
|-----------------------------|--|
| Personal Property Valuation |  |
| Personal Property           |  |
| Loss of Use                 |  |
| Loss Assessment             |  |
| Personal Liability          |  |
| Medical Payments            |  |
| Deductible                  |  |
| Contents                    |  |

## OPTIONAL COVERAGE

Please list any additional coverage that the client may be interested in along with a detailed description and amount.  
(Example: Jewelry, Watches, Fur, Credit Card, etc...):

**I have read the following paragraph to the applicant and they have given permission to continue:**

The companies used by the WRC Agency collect information from credit history and loss reports for rating purposes. This information is shared only with the companies in which we quote. Do we have permission to order this information and provide you with proposal for coverage?

|                                     |  |                           |
|-------------------------------------|--|---------------------------|
|                                     |  |                           |
| Agent Signature ( <b>Required</b> ) | Permission Given By: ( <b>Required</b> ) | Date: ( <b>Required</b> ) |

Please list additional information if it was not stated above: