

Renter's Insurance - Shelter Insurance

Name _____

Date of Birth ____/____/____

If married, spouse's name _____

Spouse's Date of Birth ____/____/____

Address of Property _____

Any claims on a property in the last 5 years? Y / N

If yes, what is the amount? \$_____._____

Would you like more than the basic \$10,000 personal property coverage*? Y / N

If yes, what is the amount? \$_____._____

*Higher coverage will result in a higher premium.

Will this be paid by you, the tenant, monthly from a banking account, or through your property manager? Bank Account / Property Manager

If from a bank account, what is your information?

Routing No. _____

Account No. _____

Renter's Signature _____

Today's Date ____/____/____

Thank You,

Laura Sandlin
Shelter Insurance
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Anderson, IN 46016
765-640-9630