



TAKE5 - DDM INSURANCE SERVICES

703 S. Glendora Avenue, Suite 6 West Covina, CA 91790

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RENTER'S INSURANCE QUESTIONNAIRE

Name of Proposed Insured:	Birthdate:	SS No.
Co-Owner/Spouse:	Birthdate:	SS No.
Contact No.:		Email Address:
Home/Work/Cell#		
Property Address:	Year Built: No. of Stories:	Square Footage: No. of Fireplace:
Number of Bathrooms:	Full Bath:	Half Bath:
Garage:	2 Cars <input type="checkbox"/> 4 Cars <input type="checkbox"/> 3 Cars <input type="checkbox"/>	Attached <input type="checkbox"/> Detached <input type="checkbox"/> Car Port <input type="checkbox"/>
Air/Heat:	Centralized	Heat Only: Gas, Propane, Oil or Electric
Swimming Pool:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Fence: Yes <input type="checkbox"/> No <input type="checkbox"/>
Kind of Roof:	Shingles <input type="checkbox"/> Composition <input type="checkbox"/>	Tiles <input type="checkbox"/> Wood <input type="checkbox"/>
Any Home Security Device?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, what type?
Ceiling Sprinklers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Fully <input type="checkbox"/> Partially <input type="checkbox"/>

Any claims for the past five (5) Yrs.: Yes None

Any updates? If Yes, specify year: Electrical _____ Plumbing _____ Roofing _____ Heating _____

Deck: Yes No

Flooring: Carpet _____% Hardwood _____% Tiles _____% Other (specify) _____%

Walls % _____ Paint _____ Ceramic _____ Other _____

Plumbing: Copper Galvanized Other

Cathedral Ceiling: _____%

Laundry Room Location (i.e. garage, basement, etc.): _____

Smoke detector	Yes <input type="checkbox"/> No <input type="checkbox"/>	Personal Property: \$
Fire Alarm	Yes <input type="checkbox"/> No <input type="checkbox"/>	Liability Coverage: \$
Burglar Alarm	Yes <input type="checkbox"/> No <input type="checkbox"/>	Total number of Rooms:
Fire Extinguisher	Yes <input type="checkbox"/> No <input type="checkbox"/>	How many floors:
Are there any smokers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Apartments per floor:
Any Pets	Yes <input type="checkbox"/> No <input type="checkbox"/>	Total Units in Apt Bldg.:
Locked Gate or Entrance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Manager on premises: Yes No
Do you have a current Renter's Policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is there a Dorman: Yes No
Deadbolt lock on entrance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any item over \$5000 Yes No may require appraisal
Occupation:		Contents Coverage Yes No
Type of property:	House Apartment Condo Townhouse	How many townhouses In strip:

Complete this form and fax to: DMM Insurance Services at 626-722-5921