

HO-4 RENTERS INSURANCE APPLICATION
GOOD FOR RENTER OF APARTMENT, CONDO OR DWELLING UNITS
PRINT, COMPLETE, AND FAX TO: 786-293-3669 OR EMAIL TO: SERVICE@USAINSURANCENET.COM
This Form is Property of USAINSURANCENET CORP a registered corporation. Total of 4 pages.

Needed Effective Date: _____

Applicant Name: First _____ Middle _____ Last _____

Email Address: _____ Fax Number: _____

Cell Number: _____

Mailing Address:

and Street or P.O. Box _____ Home Phone _____

UNIT # _____ Work Phone _____

City _____ State _____ Zip _____

Property Information:

Street Address _____ County: _____

City _____ State: _____ Zip: _____

Year Built _____ Occupancy: Owner or Tenant
CIRCLE ONE

Base Coverage:

Coverage A (Dwelling) Any Betterments Or Improvements You Paid For \$ _____

Coverage B (Other Structures) 10% of Coverage A if any \$ _____

Coverage C (Personal Property) Minimum \$20,000 \$ _____

Coverage D (Loss Of Use) Must be 40% of Coverage C \$ _____

Coverage E (Personal Liability) \$100,000 or \$300,000 CIRCLE ONE

Coverage F (Medical Payments) \$1,000 \$2,000 \$3,000 CIRCLE ONE

AOP Deductible \$500 \$1,000 \$2,500 CIRCLE ONE

Hurricane Deductible 2% 5% 10% CIRCLE ONE

Endorsements:

Personal Property Replacement Cost YES or NO **CIRCLE ONE**

Loss Assessment \$1,000 STANDARD AVAILABILITY **no other option**

Dwelling Information:

Protection Class Do not worry about this Territory Do not worry about this

Construction Type AP Over Frame/Masonry/Frame/Superior **CIRCLE ONE** Building Code Grade Do not worry about this

Property Type Apartment/Condo/Dwelling/Rowhouse/Townhouse **CIRCLE ONE** Number of Families in your unit _____

Under Air Sq Ft _____ Building Number of Stories/Floors _____

Dwelling Use Primary/Seasonal/Secondary/Vacant **CIRCLE ONE** Units in Fire Division _____

Indicate All Months Unoccupied If Any

Jan Feb Mar Apr May Jun Jul Aug
Sep Oct Nov Dec

Primary Heat Source	None/Gas/Electric/Central/Window	Professionally Installed	YES or NO	<u>CIRCLE ONE</u>
Central Fire Alarm	YES or NO	Central Burglar Alarm	YES or NO	<u>CIRCLE ONE</u>
Sprinkler System	Class A or Class B	Foundation Type	Closed/Open/Stilts/Pilings/Piers/Lattice	<u>CIRCLE ONE</u>

Lease Information:

Prior Insurance Less than 45 Days Expired	YES or NO	Leased in Last 45 days	YES or NO
	<u>CIRCLE ONE</u>		<u>CIRCLE ONE</u>

Lease Start Date _____



Update Information:

Year Electrical Updated _____	Year Electrical Updated _____
Year Heating Updated _____	Year Heating Updated _____
Year Roof Updated _____	Year Roof Updated _____
Year Plumbing Updated _____	Year Plumbing Updated _____

Miscellaneous Rating Information:

Distance To Fire Hydrant (ft) _____

Unit Located On Floor # _____

Property Protected By _____ Security / Locked Gate **CIRCLE ONE**

Responding Fire Department _____

For a fast and competitive proposal please fax the completed form to:
FX: 786-293-3669 or Email to: service@usainsurancenet.com

Please advise our office after you have sent the form to make sure it was received.
PH: 786-293-3637 service@usainsurancenet.com

EXPECT RESULTS WITHIN 24 HRS. PLEASE CONTACT US WITH ANY QUESTIONS OR CONCERNS, THANK YOU.

Comments _____

