



Life & Health Office  
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## ***TENANT QUOTE SHEET***

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Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Marital Status \_\_\_\_\_

Spouse Name \_\_\_\_\_ Spouse Date of Birth \_\_\_\_\_

**Type of Home:** Frame \_\_\_\_\_ Masonry \_\_\_\_\_ What floor is APT on? \_\_\_\_\_

**Year the home was built:** \_\_\_\_\_

**Heat Type:** Electric \_\_\_\_\_ Gas \_\_\_\_\_ Oil \_\_\_\_\_

**Location of Oil Tank** \_\_\_\_\_

**Any losses in the past 5 years?** \_\_\_\_\_

If so, please  
explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal property amount** \_\_\_\_\_

**Deductible amount:** \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ \$500 \_\_\_\_\_ \$1,000 \_\_\_\_\_