



RENTAL PROPERTY QUOTE FORM

Applicant Information

Name: _____ Date of Birth: _____
Spouse Name: _____ Date of Birth: _____
Mailing Address: _____ Home Phone: _____
_____ Cell Phone: _____
Email Address: _____ Fax Number: _____

How did you hear about us? _____

How would you prefer to be contacted? *(please circle one)*

Phone

Email

Residence to Be Insured

Street Address: _____ Year Built: _____
_____ County: _____

Responding Fire Department: _____

Miles from Fire Department: _____ Feet to Hydrant: _____

Coverage Amount: _____ Deductible: _____

Number of Families: _____ Protection Class: _____

Current Insurance Carrier: _____

Policy Number: _____

Expiration Number: _____

Please note this is an in office form for The Piedmont Group and for file purposes only

Fax or e-mail completed forms to (301) 865-9033 or info@tpgins.net