



Rose & Kiernan, Inc.
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 www.rkinsurance.com

HAMLET AT SLINGERLANDS RENTERS INSURANCE QUESTIONNAIRE

INSURED INFORMATION:

Name(s): _____
 Mailing Address: _____
 Home Phone: _____ Work Phone: _____
 Date(s) of Birth: _____ Alternate Phone: _____
 E-mail Address: _____ Prior Location Address: _____
 Occupation(s)/Employer(s): _____
 Education Level/Name of College(s): _____

BASIC DWELLING INFORMATION:

Location Address: _____
 Usage: Primary Secondary/Seasonal
 Year of Construction: 2013 Apartment
 Distance to Hydrant (feet): within 1000 feet Distance to Fire Station (miles): within 3 miles
 Responding Fire Department: Slingerlands Paid Volunteer
 Construction: Frame Masonry (Brick) Brick Veneer: % Brick _____

OTHER:

Smoke Detector(s) Yes No Central Station Alarm Yes No
 Business in Home Yes No Nature of business: _____
 Pets (list number, type & breed): _____ Any Bites? _____
 Amount of personal property coverage needed: _____
 Recreational vehicles owned or on premises: _____
 Watercraft owned or on premises: _____
 Property losses in the last 5 years: _____

VALUABLE ITEMS/SCHEDULED PERSONAL PROPERTY:

Jewelry: _____
 Fine Arts: _____
 Collectibles: _____
 Furs: _____
 Cameras: _____
 Other: _____

WOULD YOU LIKE TO INCLUDE AN AUTO QUOTE FOR A PACKAGE DISCOUNT?

(Please provide current auto information below and forward copy of current policy if available.)

Company Name: _____ Policy Number: _____ Expiration Date: _____