STUHLTRAGER AGENCY, LLC

6680 Washington Ave – Egg Harbor Township, NJ 08234
609-270-1860

RENTERS

Name: _____ **Date:** _____

Address: _____

_____

Phone#: _____ **Date of Birth:** _____

Email Address: _____ **Social Security#:** _____

Property Type: ○ Apartmnet ○ Single F milty HO ○ Duplex/Triplex ○ Other _____
○ Dormitory ● Townhoı se ○ Mobile Home

# of Units: 1 2 3 **4** 5+

Construction: ○ Frame/Masonı y ● Siding ○ Other _____

Sprinklers: ○ YES ● NO

Smoke/Fire Alarm: ● YES ○ NO

Contents Coverage: ● $15,000 ○ $20,000 ○ $25,000 ○ $30,000 $_____

Payment Type:

Liability Limit: ○ $100,000 ○ $200,000 ● $300,000 ○ $500,000

Monthly ☑

Deductible: ○ $100 ● $250 ○ $500 ○ $750 $_____

Annual ☑

Additional Coverage Uewelry,guns,etc..): _____

Current Insurance Company: ○ State Farm ● Allstate ○ Geico ○ Progressive ○ Other _____

Expiration Date: _____

Notes (1st time renter? Who carries auto?):

Submit