

**DUGAN INSURANCE AGENCY, LLC**  
60 Pottstown Pike, Suite 4, Chester Springs, PA 19425  
(610)458-3656 \* (610)458-2967 (fax)  
E-mail: kathy@duganinsurance.com OR [lisa@duganinsurance.com](mailto:lisa@duganinsurance.com)

**Tenant Quote Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Is this property currently insured? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, your current insurance company: \_\_\_\_\_

Renewal Date: \_\_\_\_\_ Any claims in the last 5 year? Yes \_\_\_\_ No \_\_\_\_

If Yes, Date of claim(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Distance to fire company: \_\_\_\_\_ Distance to fire hydrants: \_\_\_\_\_

**Pets** Yes \_\_\_\_ No \_\_\_\_ If Yes, please list: \_\_\_\_\_

**Dogs** Yes \_\_\_\_ No \_\_\_\_ If Yes, please state which breed(s): \_\_\_\_\_

Number of apartments in building: \_\_\_\_\_

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Deductible: \$ \_\_\_\_\_ Personal Property Amount: \$ \_\_\_\_\_

Liability: \$ \_\_\_\_\_ Medical: \$ \_\_\_\_\_

Multi-Policy: Yes \_\_\_\_ No \_\_\_\_

Where did you hear about us? \_\_\_\_\_

If you were referred, whom were you referred by: \_\_\_\_\_

**\*Must Add Replacement Cost Endorsement Under Coverages in Quote\***

**\*Policy only covers personal property of policy holder. If renter has roommates, roommates need their own  
Tenant Policy for their personal property!\***