



UNITED PREFERRED INSURANCE SERVICES INC.

Home/Condo/Renters Insurance

Owner Info

Primary Owner Name (First and Last) _____

Primary Owner Email _____ Phone # _____

Home Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Gender ()Male ()Female Marital Status _____

Home Insurance Info

Is your house currently insured ()Yes ()No ; If No when was your house purchased ___/___/___

If yes current carrier name _____ When does your current policy expire ___/___/___

Condo Insurance Info

Is your condo currently insured ()Yes ()No ; If No when was your condo purchased ___/___/___

If yes current carrier name _____ When does your current policy expire ___/___/___

Personal Property Coverage Desired \$ _____

Renters Insurance Info

Is your condo currently insured ()Yes ()No ; If No when did you move into your apartment ___/___/___

If yes current carrier name _____ When does your current policy expire ___/___/___

Personal Property Coverage Desired \$ _____

Any losses or claims in the last 3 years (please describe to get accurate quote)

Earthquake Coverage Info

Are you interested in Earthquake insurance ()Yes ()No

(United Preferred Insurance will call you within 48 hours on business days or you can email this form and any insurance info to Admin@UnitedPreferredInsurance.com)