

State Farm Renters Insurance

<i>Coverages</i>	<i>Limit</i>
Tenant Contents	\$20,000
Liability	\$300,000
Med payments	\$1,000
Claim Deductible	\$500
<i>Total annual premium:</i>	\$115 (2011-2012)

Applicant #1

Last Name: _____

First Name: _____

Social Security: _____

Applicants Birthday: _____

Personal Cell #: _____

Any homeowners or renters claims by applicant in the last 3 yr.? _____

Applicant #2

Last Name: _____

First Name: _____

Social Security: _____

Applicants Birthday: _____

Personal Cell #: _____

Any homeowners or renters claims by applicant in the last 3 yr.? _____

Address of Rental Townhome: _____

of units in the building: 8

Any Pets? _____ If so, are any wild, exotic, unfriendly, or vicious? _____

If you have a dog, what is the breed? _____ Ever bitten anyone? _____

REQUESTED EFFECTIVE DATE (normally lease start date): _____

Payments: We accept checks, and credit cards (can be by phone).

Please remit payment and this form to: State Farm

901 S. Main St.

Blacksburg VA 24060

We are located in the Colony Park office complex on South Main Street across the street from Bank of America, and before the Wilco gas station. Our phone number is 540-961-2886 and ask for Sandra Harris.

-This form is not an application, but it is all of the information that we will need to fill out the actual application to State Farm. Applications are subject to approval from State Farm underwriters.

-State Farm policies allow for two unrelated applicants to share one policy for the same total premium. The coverage will be shared between the two applicants.

If you wish to apply with one of your roommates and you have not included their information on this form, please indicate his or her name _____. Make sure that the other tenant has filled out one of these forms and one of you have remitted a payment for the policy. We will need both forms and full payment before an application can be submitted to State Farm. We prefer one payment for the insurance premium. Thank you.