



ATTENTION LANDLORDS:

**...get your insurance QUOTE**

**McKenzie Smith Insurance Agency**  
 1341 N. McDowell Blvd. Suite A, Petaluma, CA 94954  
 Phone: (707) 778-9200 Fax: (707) 778-8932  
 www.mckenzieone.com



SINGLE FAMILY RENTALS

APARTMENT BUILDINGS

1-4 UNIT DWELLINGS

Name of Applicant (First Named Insured)			Proposed Effective Date	
Mailing Address			Date Purchased	
Phone:		Fax:		<input type="checkbox"/> Corporation
Email:				<input type="checkbox"/> Individual
I prefer to be contacted by <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email				
Premises Location (Street, City, State, Zip)		# of units	Year Built	Annual Revenues
Description of Operations and/or Building:				

Check if applicable:  Apartment Bldg.  Single Family Rental  Duplex  Triplex  Fourplex  Condo Complex

Construction Type	# of Stories	Basement	Roof Type	Building SQFT
Frame	1 2 3 4 5	Yes No		
Masonry				

Condition of the building:  Fair  Good  Very Good Interior sprinklers?  Yes  No

\*\* Select Requested Coverages / General Liability Limit :  \$2,000,000  \$1,000,000  \$500,000  \$300,000

Insurance Coverage:

Building Limit Amount \$ \_\_\_\_\_ Contents/Inventory \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Current Insurance Carrier:	Premium \$ _____	Exp. Date: _____
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Loss History:  No Losses  Attached Loss Summary

Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims

Date of Claim	Type/Description of Claim	Amount Paid
		\$
		\$

Remarks:

NO COVER NECESSARY

FAX TO: (707) 778-8932 OR email to: fsmith@ciginsurance.com