



C.M. Safe Insurance Agency
24634 Five Mile Rd. # 30
Redford MI 48239
(P) 313.537.3363 – (F) 313.537.4325

APPLICATION FOR RENTERS INSURANCE

Name on Policy: _____ Date of Birth: _____

Social Security: _____

Spouse: _____ Date of Birth: _____

Social Security: _____

Child: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

Other: _____ Date of Birth: _____ Relationship: _____

Address: _____

Phone: _____ eMail address: _____

Years at this address: _____ (if less than 2 years provide previous address)

Previous Address: _____

Circle one: Single Family Dwelling / Apartment / Townhouse / Condominium / Duplex / Triplex /
Mobile Home / Other: _____

Circle one: Health Insurance? Y / N Insurance Provided by the State? Y / N

Circle one: Prior Insurance? Y / N

If yes: Company Name _____ Expiration date: _____

Policy Limit: _____

Occupation: _____ Spouse/ Other Occupation: _____

Amount of Contents to be covered: 15,000 / 20,000 / 25,000 / 30,000 / 35,000 / Other: _____

Any Dogs? If yes, what breed: _____

Signature: _____ Date: _____