



Renter - Co-op or Condo QUOTE FORM

Date: _____ Type of Policy _____

Name: _____ D.O.B _____

Address: _____

Email Address: _____

Phone Number: _____ Status: S _____ M _____

Spouse Name: _____ D.O.B _____

How Many Years at This Address: _____

(If fewer than 3 years provide the other current or previous address) _____

Coverage: (enter \$ amount)

Belonging/Contents: \$ _____

Jewelry: \$ _____ Art work: \$ _____

Any Dogs? Y _____ What Breed: _____

Mortgage: Y _____ N _____ if is yes Name and Address _____

Any Additional Insured: _____

(Name and Address) _____

Prior Insurance: Y _____ N _____

Company Name _____

How long with the policy _____ Cancellation Date: _____

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