

Renter Application

Date: _____

Applicant	Telephone Number	Email		Who recommended you	
Street Address		City	County	State	Zip Code
Current Add.(If not same as prop. add)		City	County	State	Zip Code

Apartment Information

Personal Property Amount:	When Did You Move In:	# of Apt. Units in a building:	Floor:
Year Built:	Central Alarm (if yes, please answer a & b):	a. Burglar b. Fire	Sprinklers:
Smoke Detectors:	Exterior Wall Type:	Gated Area:	Security Guard:

Loss History (for the past 3 years)

Month/Year	Type of Loss	Explanation	Paid

Applicant Information

Applicant/s Name	Date of Birth	Occupation	Employer (years)

Prior Insurance Information

Carrier	Policy#	Exp Date	# of Years

International Insurance of Georgia: Fax # 770-455-3228 or E-mail to Us