

# Adriana's INSURANCE

Lic.#0D36821

SERVICES INC.

## Renter's Insurance

\*909-373-4790 [\\*commercial@adrianasinsurance.com](mailto:commercial@adrianasinsurance.com)

Named Insured/ Nombre de Inquilino: \_\_\_\_\_

Date of Birth/Fecha de Nac.: \_\_\_\_\_ Phone #/Numero de Telefono: \_\_\_\_\_

Is there a 2<sup>nd</sup> applicant named insured? / Hay un aplicante adicional? \_\_\_\_\_

Mailing Address / Direccion de Correspondencia: \_\_\_\_\_

Property Address/ Direccion de la Propiedad: \_\_\_\_\_

Additional Insured (landlord) / Nombre de los apartamentos o management: \_\_\_\_\_

COVERAGE / COBERTURA	LIMITS / LIMITES
<b>Personal Property</b> Pertenencias Personales	
<b>Loss of Use</b> Desplaze temporal	
<b>Personal Liability</b> Responsabilidad Personal	
<b>Medical Payment</b> Gastos Medicos	
<b>Deductible</b> Deducible	

\*For people who rent or lease an apartment or home. Coverage protects the (you) the tenant.  
No structure coverage.