



INTEGRATED INSURANCE & RISK MANAGEMENT, INC.

Rent To Own Insurance Request

Date: _____
Type of Entity or Corporation: _____
Corporate Name & DBA: _____
Contact Name and Email Address: _____
FEIN # _____
Exact Physical Address: _____
_____ County: _____
Mailing Address: _____

Approximate Sq. Ft.: _____ Number of Stories: _____ Gated Front or Windows: Y/N
Construction of Building: Concrete Block _____ Brick _____ Metal or Frame/Stucco Wood _____
Trusses: Wood _____ Steel _____ Yr. Built: _____ if 25 yrs. or older, yr. & type of any updates?

Type of Alarms: Burglar _____ Fire _____ Central Fire Station: Y/N Sprinklers: Y/N
Replacement value of contents & tenants improvements & betterments to the
building: _____
Building replacement value if owned: _____
Est. Annual Gross Receipts: _____
Est. Annual Payroll: _____
Landlord's Name & Address: _____

Is Landlord to be listed as an additional insured: Yes _____ No _____
Give a summary of your experience if a new store owner: _____

Attach list of vehicles with ID numbers & drivers information when and if autos are to be included: _____

Please complete and return ASAP.

If you do not have the exact information, use approximates.

888-514-8959 or 309-686-3737

Fax 309-686-3771

Andy Scott

andys@iirm.com