

QUICK QUOTE REQUEST

Brokerage:	Policy Period:	to	(12:01 AM)
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Applicant's Name (Legal and Operating):

Applicant's Address:

Location of Insured's Property:

Mortgage Name and Address:

Single Family
 Vacant
 Rented
 Seasonal
 | Other Occupants: Yes No

Construction Details:

Year Built:	Electrical: <input type="checkbox"/> Fuses, <input type="checkbox"/> Breakers
Roof:	Year Updated:
Heating:	Year Updated:
Plumbing:	Year Updated:
Number of Units:	Distance from building(km):
Electrical:	Square Footage:
	Stores (excluding basement):

Loss and Policy History

Any losses or claims by the applicant in the past 5 years? If yes, describe below: Yes No

Previous Insurer:

Policy #:

Has any insurer cancelled, declined or refused to renew Insurance to the Applicant within the past 5 years?
 Yes No

Supporting Business: Policy #:

Company:

Coverages

Coverages	NP	BF	Deductible (\$)	Coins %	Amount of Insurance (\$)	Rate (\$)
Building	<input type="checkbox"/>	<input type="checkbox"/>				
Contents	<input type="checkbox"/>	<input type="checkbox"/>				
Outbuilding	<input type="checkbox"/>	<input type="checkbox"/>				
Rental Income	<input type="checkbox"/>	<input type="checkbox"/>				
Premises Liability	<input type="checkbox"/>	<input type="checkbox"/>	\$1000 BI&PD Ded.	N/A		

M.R.P: \$

Signature:

Date: