

QUICK QUOTE REQUEST

Brokerage: _____ Policy Period: _____ to _____ (12:01 AM)

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: _____ Hydrant Protected? <input type="checkbox"/> Yes, <input type="checkbox"/> No
Heating:	Year Updated: _____ Fire Hall? <input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing:	Year Updated: _____ Distance from building(km): _____
Electrical (#AMP's):	Year Updated: _____ Square Footage: _____
Number of Units:	Storeys (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

If "Yes" please provide reason: _____

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: _____