Request for Quotation   Tenant's/Condominium Insurance

Important: Please be accurate in completing this form. Your discounts and premium quotation will be based on the information you give us today. If these facts change, your rate will be subject to adjustment.

First Name	Middle Initial	Last Name		Date of Birth (DD/MM/YY)		Area Code	Home Telephone
						Area Code	Bus. Telephone
E-mail Address						Area Code	Fax Number

Street Number , Street Name, Postal Station or RR	Apt/Suite
City/Town	Province	Postal Code

Spouse's Name (If Applicable)	Date of Birth (DD/MM/YY)

Current Policy Information

Insurance Company	Policy Number	Expiry (DD/MM/YY)

Tenants/Condominiums - Basic Dwelling Information

Type of Policy:	Tenant Condominium Unit Owner	Does Building have 6 or fewer units?: Yes No	
Type of Dwelling:	Semi-detached Detached Row house Duplex Triplex Apartment		
Is the dwelling attached to commercial property?:	Yes No		
Is the dwelling fire resistive (i.e. concrete walls, alarms, etc)?:	Yes No		
Is the dwelling within 8km (5 mi) of a firehall? :	Yes No	Within 300 meters (1,000 ft) of a fire hydrant? Yes No	
Are you and your family the only occupants of the apartment or condominium unit?:	Yes No		
Total Value of contents (i.e. clothing, furniture, etc.): $	Liability Request: $		
Which of the following apply to the complex?:	24 Hour Security Gated Community Intercom Access		
Value of improvements provided by occupant (i.e. installed wall covering, carpeting, etc.): $			
Year of Construction: ____	If over 25 years ago, indicate the year the following were updated:	Electrical: ____ Plumbing: ____ Roofing: ____ Heating: ____	
		Breaker or Fuses	
		Copper or Aluminum	

Old Address
If you have resided at your current address for less than three (3) years.

Street Number , Street Name, Postal Station or RR	Apt/Suite
City/Town	Province	Postal Code

The underwriting process of the insurance companies involves obtaining a consumer report (also known as a "credit score") from a consumer reporting agency to determine eligibility for a discount in the premium. Please indicate whether you give permission for the insurance companies to do so.   Yes   No

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